HC 3IB3 L

BIBLIOTHECA · BOSTONIENSIS · MEDICINAE
SERVAT · ET · DOCET
FVNDATA MDCCCLXIV
EX DONO

Digitized by the Internet Archive
in 2016

https://archive.org/details/journalofkansasm4190kans

APR 7 1905
LIBRARY.
8640

The Journal

OF

The Kansas Medical Society

in which is incorporated

The Wichita Medical Journal.

W. E. McVey, *President;* G. W. Coffey, *First Vice-President;* J. T. Axtell, *Second Vice-President;* Charles S. Huffman, *Recording Secretary;* C. C. Goddard, *Corresponding Secretary;* L. H. Munn, *Treasurer;* S. G. Stewart, *Librarian.*

GEORGE HOWARD HOXIE, A. M., M. D.,
Editor and Business Manager,
900 Tennessee Street, Lawrence, Kansas.

Publication Committee.
Dr. C. S. Huffman, *Columbus.*
Dr. L. H. Munn, *Topeka.*
Dr. W. F. Sawhill, *Concordia.*
Dr. R. A. Roberts, *Kansas City.*

Printed by The Gazette Union Label Lawrence, Kansas.

Vol. IV. January 1, 1904. No. 1.

In order to celebrate properly the consolidation of journals, we begin with this issue a new volume. This brings us into line with the journalistic world, which makes the beginning of the year the beginning also of the volume. We shall endeavor to make the coming volume, in so far as we have to do with it, worth binding and shall endeavor to arrange its pages for that purpose.

In this connection we wish to ask again for the support of our colleagues. Unless you want to read constantly the opinions of the editor, you—the readers—will have to give us the benefit of some time and thought, and contribute each one your share to this Journal and make it a symposium of Kansas thought and experience.

The officers of new societies should remember to send their membership lists to the Journal. The editor learns more about the county societies from the papers outside the state than from direct notification. If members in these new societies do not receive the Journal, they should investigate and learn whether their fees have been sent on to the district and state treasurer, and

whether the latter has authorized their enrollment on the subscription books. The county treasurer should send $3.25 for each member of his society not already a member of the state society to the district treasurer and $2.25 for each one already a member of the state society, as annual dues.

THE COLORADO MEDICAL SOCIETY has voted to establish a journal. They evidently realize that thorough and efficient organization without a journal is impossible. *The Colorado Medical Journal* takes exception to the action of the society, saying that either one of the existing Colorado journals would have printed the proceedings at a far smaller cost. Evidently the *Journal* fails to get the point involved. It is not to print its proceedings that a society needs a journal, but rather to represent the society in an agressive and constant effort to raise the plane of professional activity even among the sparsely settled hamlets. To do this effectively a journal must be subsidized; it cannot be self-supporting, at least now. The society journal is the best means for combating sectarianism as well as sectionalism. We hope that the new journal will receive enthuiastic support from the Colorado physicians—even as we have hoped for more support from the Kansas physicians for our own JOURNAL. The Colorado society expects to pay $1200 a year for its journal, of which $300 goes to the editor.

HOSPITALS—We wish to work up an article on hospitals. showing cuts of the hospitals about the state, such as that at Ellsworth, the Clay Centre Hospital, etc. Will each reader owning or knowing about some hospitals please send us word? We would like to know the number of beds, running cost per bed, number of nurses, etc., etc.

BENJAMIN P. SIPPY of Belle Plaine died from cancer of the stomach, November 19. He graduated from the St. Louis College of Physicians and Surgeons in 1884.

ARCHABALD B. TEMPLE, M. D., Western Reserve University, 1883, a member of our society, died in his office at Tulsa, I. T., November 11.

SMITH COUNTY has organized. We have asked the secretary, Dr. Relihan, of Smith Centre, for a report.

DR. C. F. HARRISON of Syracuse, Kansas, advertises land for sale in the *Journal of the A. M. A.*

PROVINCIALISM.

Dr. MacCormack says that fully 50 per cent of the physicians of the country receive no standard literature. This makes it apparent that the need of organization is almost appalling. To what lengths this isolation, provincialism, and feeding on free (advertising) literature can lead the general practitioner is evidenced by the following letter quoted in *The Medical Fortnightly*:—

"I gave your son a turough examination today, I find no tubercolosis at all,

I find that he has had a light attact of Dengue fever within the last teo months, It is a form of malarial, and some times it leaves a trouble behind that is hard to cure, the disease its self is never fatal, hardly ever stopping one from work, but it leaves them very feble, the hemorage that he had was from the broncal tube, While creasote is a very good in such cases, yet it alone will never cure him.

Giving creasote in such cases remindes me of a man that tries to fatten his horse, on grass a lone, then the creasote treatment is out of date.

Mrs. Hynes was taking it in 12 drop doses when she came to me I stoped it at once, my cure is give only the best of medicines. and that in larg quanities.

a change of climent is no good in his case.

the trouble with your doctors is two many cases and two little attentin given to any one, doctors in citys over croud there practis, the man that cures you boy will have something to do besides talk, and you boy will have to track the treatment to the letter. in other words it would be necessary to have some one to give the medicines to him, as they are marked on the bulitin, he could not be trusted to take it at all, a thing that is worth doing is worth doing well,

from what he told to me, I am satisfied that his wife had a rent in the vagina, that set up vaginitis and it was let run until it got in to her blood and the lung being the weakest point, it set up the abseses in the lungs that carried her off,

a number of women die that way ever year, it has got to be so comon that now has taken the name of *Vaginal Consumption*.

Yet the doctors that have never investigated the matter, hoot at it,

yet the same doctor will admit that an inflamed overy, will effect a womans head and cause her to go to the asilum.

he told me that one dr. told him that it came from the vaginal troubles, but that he did not believe him. & got an other Dr.

one other thing that I see in this case, that is that he has ben told and led to believe that he has consumption, and you can not cure a man against his will. He told me that he cought it from his wife, I ask him if any one else cought it from her he said, that his Dr. said

that a man had to be between the age of 15. & 30 to ketch it, said it was infectious, now infect and vacinate is one and the same, So I say and can prove by the records that any disease that has pus or matter is infectious,

O dont suppose that he took any of the matter from her and put it under his skin, if he did he would have died before she did.

Had he have had her vagina treated after she had that child she would have never had that cough.

She died from one form of blood poisen,
and the first thing I did for Mrs. H. when she arrived here, was to cure up that bad vaginitis, that was the cause of her cough. she said that no doctor had ever as much as ask her about it, but all said she had consumption.

I gave B. some medicines, mearly to see if I was correct in my diagnosis,

And I did not say anything to him about treatment, as he said, that he only was to stay a few days."

THE SPECIALIST AND THE GENERAL PRACTITIONER.

The other day I had an unpleasant experience. I was called in to see a patient of mine who was, I supposed, in fair health. I found her suffering from a nervous tremor produced by strychnine tablets dispensed her by a specialist to whom I had referred her to have some new glasses fitted. That it was the strychnine I felt sure because of previous experience with that drug in her case. Naturally I felt somewhat vexed at the occurence but concluded that it would be the part of wisdom to say nothing to my colleauge, but simply avoid sending him any more patients. Now, was I right, or has an oculist the right to prescribe for the general ailments of referred patients?

In spite of Dooley's ridicule, Dr. George M. Gould's position that every young physician should study a specialty is an attractive one. General medicine is too big to allow one man to go deeply into all its branches; and to be superficial is foreign to the conception of the real physician. Hence we would all like to be specialists. But two factors militate against such an arrangement. One is the disposition of a patient to find a doctor whom he likes and to consult him on all matters; and these develop the need of the family physician. The other is the great temptation for the specialist to go beyond his specialty in treating a patient. Therefore such a condition of affairs in which every man is a specialist is impossible. Should we then seek the other extreme, or the mean? In other words, shall

I put in a glass fitting outfit myself, or shall I seek out another specialist?

Just now I am inclined to keep my own patients. What do my colleagues think about it? I would like to add this, however: In my opinion a specialist is a consultant and should conform to the etiquette of the consulting room. B.

DOUGLAS COUNTY MEDICAL SOCIETY.

Nov. 3, 1903. Regular meeting at Dr. Hamman's office. There were present Drs. G. W. Jones, Hamman, Smith, Harvey, Withem, Naismith and Clark and Profs. Bailey, Bartow and McClung. Minutes of the last meeting were read and approved and the secretary read an announcement from the chairman of the Committee on Medical Legislation of the American Medical Association and a letter from the Treasurer of the State Society. Dr. Hamman reported a case of ulcer of the pharyngeal vault, probably of syphilitic origin.

Prof. McClung described a rapid METHOD OF PREPARING PATHOLOGICAL SPECIMENS for microscopic examination.

Drs. Chas. J. Simmons and Edward R. Keith of Lawrence were elected members of the society. Adjourned.

ARTHUR W. CLARK,
Secretary.

Dec. 1, 1903. On invitation of Dr. Chambers, our vice-president, the regular meeting of the month was held at Lecompton in the parlor of the Windsor hotel. Those present were Drs. Lewis, Chambers and Kearns of Lecompton; G. W. Jones, Leslie, Hamman, E. D. F. Phillips, Smith, and Clark of Lawrence; Boyd of Baldwin and Loomis of Clinton.

Meeting called to order at 11:10 a. m.

A letter was read from the treasurer of the State Society showing that the records of two of our members were complete, there having been some misunderstanding about them previously.

On behalf of Dr. Hoxie, absent, Dr. Smith presented a motion that the by-laws referring to time of meeting be amended so as to read: "The regular meetings of this Society shall be held quarterly in the months of January, April, July and October at such times and places as the Society shall determine."

The measure was informally discussed and laid over until the next meeting.

Dr. Leslie proposed that the profession adopt some means of bringing pressure to bear on those of our patients who go from one doctor to another and fail to pay for medical advice. After discussion it was voted that the president appoint a committee of three to formulate a plan and bring it before the next meeting. Dr. Chambers read a paper entitled "THE CONVENTIONAL QUARANTINE OF SCARLET FEVER" which produced considerable discussion until the Society adjourned for dinner.

After dinner there was a short time for further discussion and the final adjournment was at 1:45

ARTHUR W. CLARK,
Secretary.

OUR NEXT MEETING.

Dr. C. C. Goddard reports that the following papers have been promised for the Topeka meeting:

1. Anesthetics, L. S. Chamberlain, Topeka.
2. Practical hints in obstretrics, P. W. Barbe, Oswego.
3. A case of deformity following fracture of the shaft of the femur; osteotomy and result, E. E. Morrison, Great Bend.
4. ——— W. H. Graves, Goddard.
5. ——— J. W. Porter, Pittsburg.
6. A paper out of the ordinary, C. C. Seabrook, Burlingame.
7. Some difficulties experienced in refraction work, E. E. Hamilton, Wichita.
8. ——— R. C. Fear, Gardner.
9. ——— K. O. Brown, Topeka.
10. Evolution: the evolution of man and of the races of men; evolution, physical, mental and moral, its hindrance and promotion, W. L. Schenck.
11. ———F. E. Schenck, Burlingame.
12. ———G. E. Boyle, Winfield.
13. ———W. S. Lindsay, Topeka.
14. Can men and women doctors be a help to each other? Mary J. Lobdell, Beloit.
15. Exema of the cornea: diagnosis, prognosis, treatment, J. E. Minney, Topeka.

16. Microscopical demonstration of the circulation in a living animal, W. E. Bartlett, Belle Plaine.

17. Electricity or the X Ray, Ida C. Barnes, Topeka.

18. The expectant mother, E. T. Shelley, Atchison.

19. The sympathetic nervous system in therapeutics, N. Hayes. Seneca.

20. The pathology and indications for surgical interference in chronic ovaritis, A. E. Hertzler, Halstead.

21. ———C. M. Stemen, Kansas City.

22. The nutrition of the skin, R. E. McVey, Topeka.

23. The culture products in the treatment of tuberculosis, T. A. Stevens, Caney.

24. ———J. T. Axtell, Newton.

25. Active principles in therapeutics, J. F. Preston, Effingham.

Dr. Goddard wishes to receive the other titles as soon as possible.

Members of the society should remember that their dues for the present be paid at once or else they are liable to be "read out in meeting." Three dollars cover the annual dues for state, district and county society, and also the subscription to the JOURNAL.

SMITH COUNTY SOCIETY.

At a meeting of the physicians of Smith County held at the office of D. W. Relihan in Smith Center, Kansas, on the 16th day of November 1903, the Smith County Medical Society (as auxiliary of the State Medical Society) was organized with the following officers:

Dr. M. F. Leary of Gaylord, President.

Dr. B. W. Slagle, Smith Center, Vice President.

Dr. D. W. Relihan, Smith Center, Secretary and Treasurer.

The following were elected delegates to attend the meeting of the Third District Medical Association at Clay Center Feb. 4, 1904: D. W. Relihan and B. W. Slagle.

It was moved and carried that this society meet quarterly at Smith Center commencing with January 1904.

The membership fee of this Society is $2.50 per annum. This includes the fee of the State Medical Society.

D. W. RELIHAN,
Secretary.

RAPID HISTOLOGICAL METHODS.

C. E. M'CLUNG,
Dean of the School of Medicine, University of Kansas.

To the busy physician any methods for the rapid preparation of specimens for diagnostic purposes are always welcome. Those that require the least time and equipment must necessarily be the most useful. Many so called rapid methods are practically useless, but there are a few that are eminently worthy. Among these latter are the smear method for blood and bacteria, and the deposition or centrifugal method for urinary deposits and the like. But really rapid and efficient plans for getting true and representative pictures of pathological growths are few. The freezing method has many advocates, but is uncertain in operation and limited in application. Fresh material may be compressed, sectioned or teased and under certain conditions may thus be examined satisfactorily. Unquestionably, however, thin, well stained sections give the most thorough and representative pictures of what is present in a piece of tissue. The disadvantages of this method are the time and apparatus usually necessary to secure the sections. Both of these difficulties are in a large measure overcome in the following modification of the usual paraffin method:

1. Fixing the tissue. Take thin, (not over ⅛ inch thick) pieces, of the material and suspend by a thread near the upper surface of a quantity of absolute alcohol. Synthol * is just as effective and much cheaper. The best way to employ this process is to put the fluid in a tall well-stoppered bottle at the bottom of which has been placed a quantity of anhydrous copper sulphate (prepared by heating copper sulphate until the water of crystalization is driven off and a white powder remains.) This will take up the water liberated from the specimen and keep the alcohol pure. Two or three hours will be sufficient to fix and dehydrate the tissue. It is then ready for

2. Clearing. This is accomplished by immersing the fixed and dehydrated specimen in a mixture of cedar wood oil and benzole, 3 to 1, until it becomes transparent. Following this comes

3. Infiltration. Essentially this consists in replacing the clearing fluid by melted paraffin. It is here that the greatest difficulty is encountered in the use of the paraffin method, for there must be

*To be purchased of the Bausch and Lomb Optical Co., Rochester, N Y.

some means of melting the paraffin and keeping it at a uniform temperature near the congealing point. This necessitates water baths and thermostats that are expensive and uncertain in their behavior. All these troubles are overcome by a simple expedient that has been in use in the zoological laboratory of the University of Kansas for several years. The paraffin is placed in a cylindrical vessel, an ordinary drinking glass serves very well, and over it is suspended an incandescent electric light. The heat from this melts the upper portion of the paraffin and if the cleared object be placed in it the contained clearing fluids will be driven off and the paraffin substituted. In the absence of the electric lamp a metal plate heated by an alcohol or gasoline lamp will supply sufficient heat. The advantage of this method, aside from its simplicity, is that the object always sinks to the bottom of the melted infiltrating agent and in this way can never become overheated. If the object has been cleared in the cedar wood oil-benzole mixture it should be left in the melted paraffin until it has again become opaque, usually about half an hour.

4. Embedding. By this process the object is brought into a convenient sized piece of paraffin for sectioning. For small pieces of tissue the watch glass method is good. The concave surface of the glass receives a thin coat of glycerine and on it, by means of a pipette, a sufficiently large drop of melted paraffin is deposited, Into this the infiltrated object is removed directly from the paraffin bath, and the mass cooled rapidly. This is the best accomplished, after the surface has hardened into a film, by submerging the watch glass and its contents in cold water. In a short time the paraffin block will harden without crystalizing, and presently will leave its glass support and rise to the surface of the water. After it has been trimmed into a rectangular block it is ready for

5. Cutting. In this part of the process is involved the only considerable expense. It is necessary to have some means for cutting thin sections and microtomes for this purpose are more or less. expensive. However a simple hand instrument can be made to serve the purpose, and in its absence serviceable sections may be made by free hand cutting. A good strong knife is essential. After cutting, the sections may be treated as free sections or better may undergo

6. Fixing to the slide. Several methods are in vogue, but the most convenient is by means of Mayer's albumen (equal parts of egg albumen and glycerine). A thin film of this mixture is rubbed on the glass slip with the finger and upon this is placed the paraffin ribbon.

This is pressed down as smooth as possible and the glass is then heated over a flame until the paraffin melts. After passing the slide through xylol, or turpentine, to remove the paraffin, and into alcohol to dissolve the xylol, the sections are ready for the next step,

7. Staining. Unless some specific stain is necessary, coloration by means of haematoxylin, preferably in the form of haemalum, will serve the purpose well. If haste is unavoidable the aniline dyes offer rapid agents. Among these safranin and Lyons blue hold high positions. If coloration by safranin is followed by the application of the blue stain, beautiful preparations result. The final step is

8. Mounting. For this purpose either balsam, cedar wood oil, or glycerine, after appropriate treatment, may be used.

Within a period of four or five hours it is thus possible to get good permanent mounts of ordinary tissues. These are incomparably better than any that can be made by the ordinary hasty methods so often recommended.

Dr McCormack, the organizer of the American Medical Association, will probably be with us at our annual meeting to tell us how to improve our organization.

The California State Society has published a register of the physicians of the State. The book is given free to members of component societies, but costs $2.50 to outsiders.

The Mississippi Valley Medical Association has changed its constitution and now seeks to become a district branch of the American Medical Association. The members of the Association must be members of the State societies of Minnesota, Iowa, Missouri, Arkansas, Louisiana, Wisconsin, Illinois, Kentucky, Tennessee, Mississippi, Michigan, Indiana, Ohio, Alabama, Georgia, and North Carolina. Organization is the slogan of the day.

Prof. S. J. Hunter of the University of Kansas has confirmed by experiments the theories of Loeb on the parthogenesis of sea urchins in concentrated sea water. He wrote up his observations for the *Biological Bulletin* for August 1903. He reads a paper on his latest researches at the St. Louis meeting of the society for the advancement of science during the holidays. At that meeting, Prof. Hyde, the physiologist, will also read a paper on the location of the respiratory center, especially in invertebrates.

DR. HAGGART of Ottawa writes us that the Robinson Drug Co. of Topeka, is using his name without permission or right, as an indorser of their products. He wishes to collect evidence of such use.

THERE WILL be a meeting of the Council of the State Society on Thursday, January 14, 1904, at the Hotel Baltimore, Kansas City. The principal question to discuss is a revision of our laws and whether we desire, and can adopt the constitution and by-laws framed by the American Medical Association.

There are many things that the District Branch Societies are interested in, and we ought to have a thorough discussion of plans.

Dr. McCormack of Bowling Green, Ky., Chairman of Committee on Organization of the A. M. A., has promised to be present.

The following named gentlemen form the Council:

W. E. McVey, President, K. M. S., Topeka. Kansas.
Chas. S. Huffman, Recording Secretary, Columbus.
L. H. Munn, Treasurer, Topeka.
R. A. Roberts, President 1st. District, Kansas City, Kansas.

M. F. Jarrett,	"	2nd.	"	Fort Scott,	"
W. F. Sawhill,	"	3rd.	"	Concordia,	"
D. W. Basham,	"	4th.	"	Wichita,	"
S. J. Crumbine,	"	6th,	"	Dodge City,	"

WHAT ATTITUDE should the organized profession assume toward such a man as the one who issues the following card?

F. W. RATHBURN,

SPECIALIST.

1304 TENNESSEE STREET, - - LAWRENCE, KANSAS.

I Manufacture Special Remedies for All Known Diseases.

CHRONIC DISEASES A SPECIALTY,

Such as Cancer, Old Sores, Chronic Flux, Chronic Diarrhœa and nearly every disease the human flesh is heir to. Female and private diseases strictly confidential, and remember without poison. I have something that is worth more than gold to any lady, married or single.

Call and investigate or write. I am at home nearly always on Saturdays. I can save you untold pain and misery and hundreds of dollars.

Also put up the finest Ringbone and Spavin cure in the world, and remedies for all ailments in horses or other stock.

FEE BILLS.

President McVey has called our attention to the following statute:

Sec. 2430, Trusts. (*Sec. 430 of Crimes and Punishments.*)—"That all arrangements, contracts, agreements, trusts or combinations between persons or corporations made with a view or which tend to prevent full and free competition in the importation, transportation or sale of articles imported into this state, or in the product, manufacture or sale of articles of domestic growth or product of domestic raw material. or for the loan or use of money, or to fix attorney's or *doctor's fees,* and all arrangements, contracts, agreements, trusts or combinations between persons or corporations, designed or which to advance, reduce or control the price or the cost to the producer or to the consumer of any such products or articles, or to control the cost or rate of insurance, or which tend to advance or control the rate of interest for the loan or use of money to the borrower or any other services, are hereby declared to be against public policy, unlawful and void."—(L. 1889, Ch. 257, Sec. 1; March 9.)

This only goes to strengthen the position assumed in our November editorial: We as physicians cannot adopt present-day unionism, but should so meet together and compare notes that our fees as well as our dealings with the public may be consistent and proportionate to the demands made upon us. Friendly intercourse and mutual confidence solve the financial as well as other problems.

WE WOULD like copies of the JOURNAL for July, 1901, January, February, August, October, December, 1902; and January to May, 1903. Holders of such copies willing to contribute them to the University Library or the State Historical Society should send them to this office.

THE "CORNING (N. Y.) SYSTEM" of dealing with deadbeats is worthy of study. Each physician hands to the committee a list of those people who will not pay their debts. This list is furnished the other physicians and they refuse to treat such deadbeats until satisfactory arrangements have been made with the preceding physician, either by note or cash. This like all other schemes demands that the physicians meet together often enough to learn that the "other fellow" is not a rascal.

ARGYROL.*

DR. J. W. MAY, KANSAS CITY, KANSAS.

(Copyright 1904 by the Journal of the Kansas Medical Society.)

In presenting this paper I have no desire to become an advocate of proprietary therapeutics. For Argyrol is a proprietary preparation. But when a drug has proven its efficiency, it should then, in my opinion, be used regardless of by whom or where it is made. Argyrol is a proteid salt of silver and contains, from the manufacturer's statement, 30 per cent of silver, which is $\frac{2}{3}$ more than the amount said to be contained in protargol. The advantages claimed for it, are:—

First. Its deeper and more penetrating action.

Second. Its freedom from irritating properties. (Since 25 per cent solution can be instilled into the conjunctiva without pain whatever. The manufacturers claim that a crystal can be put on the conjunctiva without any irritation, but I have not tried the latter procedure.)

Third. It does not permanently stain the conjunctiva and hence does not produce the so-called argyrosis.

Fourth. Its extreme solubility. Put a few crystals in the hand and in a very short time you will have a solution. Perhaps many have not had the opportunity of seeing the drug, as it is comparatively a new preparation, being first produced in the early part of 1902. It is produced from the laboratories of Drs. A. C. Barnes and H. Hille of Philadelphia.

I have a clinical report of a few cases in which I have used Argyrol. The President of this Society, Dr. Roberts, saw most of the cases and can bear me out in most of the statements.

Case I. The infant daughter of Mrs. W., aged one week. First examined case April 20. Eyes had been discharging thick yellowish pus five days. Lids swollen and with great difficulty could see the cornea which had not been attacked. The conjunctiva was swollen and deeply congested. Photophobia intense. Diagnosis: opthalmia neonatorum. I put the patient on the following treatment: Sat. sol. boric acid, thoroughly washing out conjunctiva every hour, night and day; argyrol 60 gr. to oz. every 6 hours. This active treatment was kept up one week and the discharge ceased, though conjunctiva remained swollen and congested. I then reduced the treatment to irrigation with sat. sol. boric acid every 4 hours and argyrol

*Read before the First District Society. October 1, 1903.

twice daily; and the case ended in recovery without complications. Total treatment, two weeks.

Case II. Infant son of Mrs. G., aged 6 days. First examined case March 24, 1903. Found practically same symptoms as in previous case; discharge same; yellowish pus. Diagnosis: opthalmia neonatorum. Treatment same as in previous case except the case was discharged as cured in 10 days, four days less than previous one.

Case III. Fifteen year old son of Mr. R. First examined case July 17, 1903. In this case the disease was confined to the right eye. Lids swollen shut. Ocular and palpebral conjunctiva swollen and deeply congested. Discharge, yellowish pus of great quantity, started 24 hours before. Cornea clear; photophobia intense. Diagnosis: gonorrhoeal opthalmia. I put him on argyrol, 25 per cent sol., every 3 hours; atropine 4 gr. to ox. every four hours; irrigation with sat. sol. boric acid every hour. I instructed patient to call twice daily for treatment, but his father left the city and boy thought it unnecessary to continue treatment. Patient returned for treatment July 24 after an absence of one week. Conjunctiva, both ocular and palpebral now swollen until it protruded through lids. Extreme photophobia and pain. Discharge purulent and profuse. Cornea has large central ulcer rapidly spreading. Curetted ulcer with Graefe knife and cauterized with pure carbolic acid. Then covered ulcer with iodoform powder. Treated ulcer twice daily with powd. iodoform. Ulcer ceased spreading at once and commenced cicatrization. Irrigated with sol. bichloride 1 to 5000 every hour, combined with hot applications; atropine 4 gr. to oz. every 4 hours; argyrol 25 per cent sol. every 4 hours. This treatment was kept up one week, when all discharge had stopped. Discontinued bichloride and iodoform, but kept up atropine three times daily and irrigated every three hours with sat. sol. boric acid; Argyrol 12 per cent, 3 times daily. I continued this treatment two weeks, when I discharged patient as cured. Total treatment three weeks. The Cornea has large central scar which diminished vision to 20-100.

In the cases just mentioned the microscope was not used to confirm the diagnosis, but to my mind that was unnecessary considering the virulence and rapidity of onset and other symptoms.

In the treatment trachomatous conjunctivitis I have had marked success with argyrol. For instance:—

Case IV Mr. C. of Oklahoma, aged 52, had inflammatory trouble with eyes for 10 years. Lids closed from discharge on arising. Palpebral conjunctiva swollen and of velvety appearance. Ocular conjunctiva congested. Cornea not attacked. This form of trachomatous conjunctivitis is, to me, the hardest to treat and get good results from than any of the chronic inflammations of the conjunctiva. Treated this man daily for about 2 months with argyrol 25 per cent solution rubbed hard into conjunctiva of lids. At the end of treatment the lids were smooth and there was no discharge. He left and I heard from him 2 months after. He said his eyes were giving him no further trouble.

In this case I don't suppose you would say the patient was cured, but the eyes ceased to trouble him further and when that is accomplished then I am satisfied.

Case V. Mr. W. of Williamsburg, Kansas, aged 35, had inflammatory trouble with both eyes for 5 or 6 years. Conjunctiva swollen and discharging; left eye much worse than right. Cornea clear. Appearance of conjunctiva, much like preceeding case though not so marked. Diagnosis, trachomatous conjunctivitis. Treated daily with argyrol 15 per cent rubbed hard into conjunctiva. I used also bichloride 1 to 5000, 5 to 6 times daily. He was discharged as cured 4 weeks after.

I now have three children in Bethany Hospital with trachomatous conjunctivitis, all from Oklahoma.

Case VI. Bertha, aged 13, had inflammatory trouble with eyes 3 or 4 years. Has scars on both corneae showing previous ulceration. There was no disturbance of cornea at present. Lids were granular in appearance. Treated with argyrol 15 per cent solution rubbed into conjunctiva of lids daily, also bichloride 1 to 5000, irrigation 4 or 5 times daily. She is practically well and ready to go home.

Case VII. Julia, aged 15, had inflammatory trouble with eyes 4 years. On everting lids found great bunches of trachoma granules on conjunctiva. Left cornea clear. Right dense panus extending over ¾ of cornea. Started treatment with argyrol 15 per cent solution, rubbed into conjunctiva of lids. Irrigation with boric acid saturated solution 5 times daily. Atropine 4 gr. to oz. in right eye. Continued this treatment a few days then changed from argyrol to copper sulphate stick since I did not get rapid enough results. I changed back to argyrol after one week of copper. Lids are now smooth and no discharge; and the panus has almost entirely disappeared.

Case VIII. Mary, aged 12. I don't know how long eyes troubled her. Lids roughened and contracted from old trachoma scars. Lids closed from discharge on arising. Used in this case argyrol 15 per cent solution daily. Irrigation with saturated solution boric acid and as blepharitis was present, I used yellow oxide of mercury in lanolin one grain to the drachm. The case is recovering slowly.

The last three cases have been under observation about 6 or 7 weeks.

In acute catarrhal conjunctivitis, this drug seems to be *the* remedy. It stops the discharge almost immediately. I use it usually in 5 per cent to 15 per cent solution. Have a case of chronic catarrhal conjunctivitis that argyrol has had no effect on whatever. Haven't found out as yet the reason.

In summing up the evidence, I have found that argyrol benefits most cases of inflammation of conjunctiva, either acute or chronic. Of course there are cases that will not yield to this drug and oftentimes you will have to combine other treatments with it. In using

argyrol I nearly always massage it into conjunctiva, especially in chronic inflammations. One thing against its use is the price. It costs $1.50 an ounce. But the expense which seems great is, in reality small, as you use only a very small quantity. I have found that it keeps indefinitely.

In the treatment of gonorrhoeal opthalmia, it is *the* treatment *par excellence.* It seems to me that it should take the place of silver nitrate with obstetricians in Crede's method of preventing opthalmia neonatorum, for the reason that it is harmless and certainly of great enough germicidal power.

REPUBLIC COUNTY.

The meeting of the Republic County Medical Society on December 3 was quite successful. The new officers elected were: J. S. Billingsby, president; D. E. Fonstall, vice-president; C. M. Arbuthnot, secretary-treasurer. The attendance, while not large was enthuiastic, and arrangements were made for a meeting in May. The change to a state auxiliary was discussed but not adopted.

THE NEWER TEXTS IN ANATOMY.

GEORGE HOWARD HOXIE, A. M., M. D.,
Professor of Anatomy, School of Medicine, University of Kansas.

The doctor's library should never be without a good text book in anatomy for reference in case of emergency. The Gray has been revised and "edited" until the language is anything but intelligible and comprehensive. Hence the Gray for any one in a hurry, or for a beginner is of less value than some of the newer books. Among

these, those of Gerrish, Morris and Cunningham deserve the greatest mention. These books are all composite—that is, written by various men and revised by an editor whose name is given to the book. Gerrish is an American work—Dr. Gerrish teaches in a medical college in Maine; while the other two are English. Gerrish's characteristics are brevity, lack of detail, and excellent diagramatic illustrations. Its lack of detail makes it a poor book for reference and even for exact study. Morris is now in its third edition and is much more detailed than Gerrish, but its statements are not much clearer than Gray's; while it is old enough to have needed correction on points worked out these last few years on the finer structure of the nervous system and with regard to the viscera from the use of formalin preservatives. It certainly is a very useful reference book. Its terminology is vexatiously British and insular, the international nomenclature being rather slighted. This militates against its use with students who in the other kindred sciences follow the international usages. Cunningham's book is the newest of the three and therefore has profited by the mistakes of its predecessors. Its terminology represents a compromise between the BNA and the British. Its statements are exact, comprehensive and in most respects sufficiently detailed. As a reference book it is excelled by Morris but as a text book it is superior to the other two books named. Its language in some sections is ungrammatical, *e. g.* one structure "corresponds *with*" another, but in general its style is clear and easy. It follows Gegenbaur's method and studies the development of each system of tissues, thus making the study easier and more logical.

A development of these later years has been the issuance of atlases for hand use in the dissecting room. The two best are both of German origin. Toldt's in six volumes, still untranslated, and Spalteholz, in three volumes, translated by Barker of Chicago. For ordinary work the Spalteholz is the more satisfactory and we hope that its final section on the nervous system will soon appear. In these atlases the illustrations are larger and more elaborate than in the ordinary text books. In connection with the atlases we should mention Deaver's Surgical Anatomy, the illustrations of which are so good that it should rank with the atlases.

Dissecting manuals have also been improved these last years. Holden's Dissector still holds a prominent place, but with the displacement of Gray's text book, this manual becomes less useful. A newer book based on Gray and Gerrish is the dissector of the Eckley's in Chicago. Herein the illustrations are taken bodily from Gerrish and the book is therefore a shorter summary of Gerrish's

text book. For those students who use Gerrish it ought to prove helpful. Another manual of dissection, and a very helpful book, is Cunningham's, now in its third edition. This is in two volumes of about 600 pages each; but the page is so small (5x7½) that the discussion is much shorter than in Cunningham's text book. This manual is so complete in itself that the teacher is tempted to make it the text book and use a regular text book only as a reference. However for physicians' use as a reference book, it is not to be recommended.

Hence for the doctor's library we advise Cunningham's or Morris' text book and Spalteholz' atlas.

Gray is published by Lea Bros. & Co., Phila.; Gerrish by Saunders, Phila., ($6.00); Morris by Blakiston, Phila., ($6.00); Cunningham's Textbook by Wood. N. Y., ($6.00); Cunningham's Manual by Lippincott, Phila,, ($5.00); Spalteholz' Atlas by Stechert, N. Y., (3 vols. for $10.00.)

SEPTIC INFECTION.*

H. J. STACEY, M. D., LEAVENWORTH.

I shall not ask you to listen to a discussion of the bacteriology of septic infection; nor to hypotheses of cepters and complements. Rather, I shall invite your consideration to a few points of practical interest to the clinician, and shall present particularly the treatment of septic infection—or blood poisoning.

Important systemic infections are septicemic and pyemia. Septicemia is a pathologic condition in which certain bacteria are taken into the blood-current and multiply there; where the germs and their poisons (toxins and toxalbumins) produce a familiar clinical picture—irregular remittent fever, chills, sweating and prostration.

Pyemia is a condition caused by the absorption of pathogenic bacteria from a focus of suppuration, and is characterized by the formation of secondary foci of suppuration (metastatic or pyemic abscess); the symptoms being those of septicemia, with the addition of such symptoms as might be due to the secondary abscess.

*Read before the First District Society, Oct. 1, 1903.

The intoxications—these are caused by the absorption into the system of the products of bacterial activity—such bacteria not being necessarily bacteria of suppuration. Probably the bacterial intoxications are usually due to the absorption of poisons from both suppurative and putrifactive bacteria—a sort of mixed infection Alkaloids have been isolated from these products which resemble atropine, morphine and curare in their physiologic action. The determining factor between sapremia and septicemia seems to be the relative toxic power of the bacteria. The toxins being negatively chemotactic, if they are relatively weak the bacteria themselves do not readily penetrate into the blood-stream; only the poisons are absorbed, and sapremia, a septic intoxication, results instead of septicemia.

The local manifestications of septic infection, suppurating wounds, abscess, and the like, will be considered later; it being important, however, to remember that inflammation and suppuration may be due to mechanical chemical agents; but pus so formed is by nature sterile, and becomes dangerous only when infected (from without or within).

We may notice among the cocci staphylococcus pyogenes albus and aureus, streptococcus pyogenes, and briefly the gonococcus; among bacilli, the bacillus coli communis, and bacillus tuberculosis.

The staphylococcus pyogenes albus is found in pure cultures in abscesses, boils, empyema, osteo-myelitis, etc.; it tends toward free suppuration, by manufacturing peptones which liquify the fibrinogen present. The staphylococcus pyogenes aureus, found in carbuncles, is a less active pus producer.

The streptococcus pyogenes is microscopically identical with the streptococcus of erysipelas; and at the very beginning of an invasion, the clinical manifestations of a streptococcus infection may closely resemble erysipelas. It does not cause suppuration at first, until, indeed, the tissue involved is dead, not forming peptones to any great extent until deprived of oxygen by the severity of the inflammation. Fortunately it gains a foothold in the human body with much greater difficulty than do the staphylococcus mentioned above. All three germs are found practically everywhere; in dust, soil; on the human skin, in the fur of amimals, and all similar places.

The gonococcus, the accepted cause of gonorrhoea, attacks especially the epithelium, as of the urethra, or eye; but in case the underlying tissues are weak, it may get into the system. Suppurative inflammation of the joints and other parts, complicating gonorrhoea, have given pure cultures of the gonococcus.

The bacillus coli communis is an especially active cause of suppuration in the abdominal cavity. Pure cultures have been made from fulminating appendicitis, abscess of the liver, cystitis; and in secondary broncho-pneumonia, and lymphangitis of the arm. It is found outside the body in dust, water and putrifying fluids; its usual habitat in the human body is the alimentary canal. It is a dangerous factor in peritonitis from perforation, though many of the symptoms of this disease are undoubtedly due to other bacteria and poisons contained in the escaped bowel contents.

A considerable number of pathogenic bacteria may circulate in the blood or find lodgment in the fixed tissues without injury to the host, unless the vital resistance of some part be weakened. In an injured area, the blood-currents are slower, effusion takes place, and a good culture medium is formed; a septic infection may then develop when no septic material has been directly introduced through a wound, (*e. g.*, the so-called idiopathic sepsis; idiopathic peritonitis, endocarditis, etc.). Of special interest is this in regard to wounds made by the surgeon; the area of reaction about a lacerated wound, or the exudate in a dead space left by the surgeon in closing a wound, make an ideal culture ground for any bacteria circulating in the system. Bacteria circulating in the body are deposited chiefly in three organs: liver, spleen and bone marrow; and if in limited numbers they will be destroyed. (Typhoid bacillus bone-abscesses complicating typhoid fever illustrate this point). A wound or bruise or any exhausting illness like nephritis, or vice, as alcoholism, may change the balance of power and septic infection result.

The pus-producing bacteria become truly pathogenic only when they are present in overwhelming strength. They are found—one might say, normally—about the human body; the staphylococcus, and more rarely the streptococcus, under the finger nails, in the creases of the skin, and anywhere where there is oil or dirt; the staphyloccocus loves to dwell in hair follicles, even penetrating between the hair and its sheath; a common cause of the surgeon's stitch abscess. The bacillus coli communis is a regular inhabitant of the intestines.

The pus-producing bacteria gain entrance into the system through a solution in continuity of some tissue. The infection may remain local, producing a single circumscribed abscess; it may spread through the agency of the lymphatic system, causing lymphangitis, adenitis, multiple abscess, etc.; it may penetrate capillaries, and may break through a vein. The symptoms of the patient

will increase in severity in about the above order. In the last case, the process of inflammation attacks a vein, soon involves the inner coat; a thrombus is formed. The germs and their products may be swept into the general circulation, being destroyed or giving rise to septicemia; or considerable portions of a septic thrombus may be detached, forming septic emboli. These in turn by infarction, and by being stopped for any reason, give rise to secondary or metastatic abscesses. If the embolus is large, it will usually be caught in the lungs; if small it may pass through the lungs, since the capillaries there are larger than elsewhere, and thus may reach any part of the body.

Of cases of suppuration in man, the staphylococcus is found in about 66 per cent; the streptoccocus in about 20 per cent; a mixture of the two in 9 or 10 per cent. A great number of combinations are found, the staphyloccocus being frequently present; as, staphylococcus, and pneumococcus; staphylococcus and bacillus coli communis; staphylococcus and bacillus tuberculosis. The streptococcus is found more rarely in similar combinations; and more often with scarlet fever and diphtheria. The gas bacillus of Welch may complicate a septic infection, and give rise to a symptom-complex simulating bubonic plague; it is found also in multiple abscess of the lungs and phlegmonous swellings. The typhoid bacillus is found, both mixed and in pure cultures, in abscesses of the bones, liver and chest; it is found pure in the blood, and in rose-colored eruption spots. The pneumoccocus is found mixed and alone in empyema and abscess of the lungs; the gonococcus mixed and pure in pus tubes, gonorrhoeal arthritis, and suppurative adenitis. The bacillus tuberculosis is found in every conceivable combination.

The diagnosis of septic infection *usually* presents so few difficulties that its discussion is not profitable; and certainly I do not presume to be able to throw much light on the really difficult cases. The history of the case; general appearance of the patient; the slow, steady development of the so-called chronic (really, relatively weak) infections; the injury, pain, redness, swelling, irregular fever, chill, malaise, prostration, of the acute infection, will usually make the way clear. Aspiration with the hypodermic needle, the making of cultures may rarely be necessary. The dusky red streptococcus infection must be differentiated from erysipelas. Infections in the great cavities of the body and in bones, are often most puzzling.

Unfortunately, there are occasional cases so desperate as to defy treatment; the system being overwhelmed at the very outset, the

most alarming constitutional disturbances developing in fourteen to twenty-four hours after the primary infection; the late chief surgeon of the Rock Island system is a case in point.

The internal treatment of a case of septicemia or pyemia of average severity may be summed up as "supporting." First of all, they require the greatest possible amount of nourishment by mouth and rectum; with due attention paid to all emunctory organs. The most useful stimulants are perhaps digitalis, carbonate of ammonia and strychnine; alcohol and quinine may easily be pushed too far. Straight opium, either the tincture, or better the powdered drug, seems to control nervousness, sleeplessness and rapid heart best. Ergot is of the greatest value in controling the restlessness of prostration. Serum treatment, by streptococcus antitoxin or other serum, has not proven brilliantly successful, nor have intra-veneus injections of formaldehyde, or other antiseptics. Too much stress cannot be laid on the value of administering water, by mouth, rectum, by hypodermoclysis and venous injection. The abstraction of a considerable quantity of the septic blood just before the injection of the saline solution is often of marked advantage.

The principal treatment of sapremia consists in removing the cause—usually not difficult to find, the lesion generally being superficial—by cleansing, irrigation and aseptic dressing.

The local treatment of septicemia and pyemia will be taken up more in detail. Both are usually dependent on a closed suppurating tract. The tract should be opened, stitches removed, if there are any, all clots, pus and decomposing material washed out.

It may be stated as an axiom that there is no antiseptic solution capable of entirely destroying bacteria that will not destroy or injure wounded human flesh. Even bichloride of mecury 1:1000, or carbolic acid 5 per cent, has little effect on the bacteria under consideration if they happen to be protected by fats, albumin or dirt, while such solutions injure raw flesh, and if long applied exhibit their toxic effects. Unless an infected wound is seen within a few minutes of its occurance, many of the bacteria are out of reach of the antiseptic. We therefore will not depend on one or two washings with a poisonous antiseptic.

For the ordinary suppurating tract in the soft parts then we will cleanse as if for formal operation, the only objection to free operation being the risk of additional infection; we will open very freely, explore all pockets and sinuses and clean out with the finger covered with rubber gloves—it is superior to any instrument—meanwhile irrigating gently with a mild solution—plain sterile water, normal

salt, or Thiersch's solution. If there are no deep sinuses, peroxide of hydrogen 50 per cent is useful, but it cannot be used excepting in open cavities. If pain is very marked, a weak carbolic acid solution, 1-100, may be used. As exceptions: a particularly virulent suppurating tract, after being cleansed and dried, may well be filled with pure carbolic acid (any dilution of the acid makes it more dangerous), which is allowed to remain for a few seconds, when it is removed and replaced with pure alcohol, which in turn is washed out; abscesses due to venereal infection—gonorrhoea or chancroid—seem to react more kindly to silver, the nitrate being apparently as effective as any of the newer salts.

The dressing should at first be wet, whether or not mechanical drainage is used; and serious cases do better still with continuous irrigation. The solution used in either case will be mild; sterile water, normal salt, Thiersch's, carbolic acid 1:200, or bichloride 1:4000 according to the degree of pain, inflammation, adherent sloughs and the like; the temperature of the dressing to be the reverse of the affected part. Light curetting may rarely be advisable; but it is to be remembered that the so-called "pyogenic membrane" lining abscess cavities is not really a pyogenic membrane at all, but a wall protecting the neighboring tissues from invasion. For example, in circumscribed peri-appendicular abscess, it is often good surgery merely to incise and drain, rather than run the risk of general peritonitis by the breaking up of adhesions necessary in order to remove all infected parts. Of course, this has no relation to cases where the abscess, sac and all can be removed in toto, as in unruptured pyosalpinx.

The streptococcus infection of ordinary severity, to be well handled, is freely incised before much pus has formed. You will recall that the flesh is liquified only after it is dead, and therefore after the infection has moved on. Early free incisions, splitting all suspicious parts wide open, followed by wet dressings or continuous irrigation, seems about the only way to control this terrible disease. It limits the disease as much as amputation, since it controls it as far as applied, and if the patient survives, the affected member is saved.

Bone and joint abscesses must be incised, carefully explored, cleaned out and curetted. The practice of injecting an undrained abscess, whether tubercular or not, seems to have been due to the fear of mixed infection; that fear can now be disregarded by the careful surgeon. In tubercular joint abscesses thorough draining and curetting with the application of carbolic acid or silver, carried out with rigid asepsis, give better results than iodoform injection

ever did; of course to secure a good result efficient and continuous extension must be applied.

Empyemia should be freely drained as soon as diagnosed.

In pelvic suppuration, incise and drain, per vaginam, any abcesses that can be easily reached. In septic metritis, usually a streptococcus mixed infection, do not curette; curetting cannot remove all the bacteria, and simply breaks into healthy tissue and opens up uninfected sinuses. Clean out any large masses of infected matter; insert a doubled, button-holed rubber tube or catheter, and irrigate with 4-6 ounces of 50 per cent alcohol every four hours.

Do not wait on boil, carbuncle, abcess and especially streptococcus infection. Waiting allows a mere local infection or a septicemia to develop into a pyemia, a misfortune too deplorable for words.

Handle as surgical cases, not medical. A handy and satisfactory method of emergency sterilization both for the affected part and for the surgeon's hands is: thorough scrubbing with tincture of green soap and sterile water; rinse well with water, then with ether, then scrub with 1-1000 bichloride and rinse again in water. Boil instruments and appliances that will stand heat, and use formaldehyde on the rest. All dressings must be sterilized by heat, dry or moist.

All this treatment may practically be expressed by: "Drainage, Asepsis."

DIAGNOSIS AND TREATMENT OF FISTULA IN ANO.*

DR. J. M. POINDEXTER, KANSAS CITY, MO.

A rectal fistula is a sinus leading from the rectum into the perirectal tissues and there terminating in an old abscess cavity, or passing through these tissues and terminating at an external opening in the skin more or less removed from the anus.

These two varieties constitute the only true rectal fistulae. The one terminating in the tissues is called a blind internal or incomplete fistula, and the other, terminating at an external opening, a complete fistula.

A fistula which begins at an opening in the skin and terminates in the perirectal tissues and has no communication with the rectum,

*Read before the Lyon County Medical Society, Nov. 3, 1903.

is not a rectal fistula, but owing to its close relation with the rectum it is commonly called a rectal fistula. It is known as the blind external rectal fistula.

These are the three varieties of rectal fistulae or fistula in ano to the consideration of which I invite your attention.

The diagnosis of fistula in ano, especially the blind internal variety, is to be made chiefly from the pain, soreness, uneasiness and the discharge of pus per anum, and in the complete variety from the external openings. Prior to the formation of the fistula proper, there will be the history of an acute abscess. When the abscess ruptures either internally or externally, the symptoms will subside with the appearance of pus in the stools or at the external opening. Fistulae are always derived from abscesses and the location of the abscess will often determine the site of the opening. A favorite location for these abscesses is in the ischio-rectal fossae, though they often form in the retro-rectal and lateral superior pelvic spaces. When these abscesses rupture only into the rectum and show no tendency to heal, they cause the blind internal variety, and when they rupture both into the rectum and on the skin the complete variety is formed. These openings may and do at times heal over, thus preventing the escape of pus, which, re-accumulating in the cavity, causes the reproduction of the symptoms which will continue until the outlet is reopened or a new one formed, when they will again subside. This re-ocurrence and subsidence of symptoms lead us to suspect fistula even though there be no external openings.

When it is one of the external varieties there is no great difficulty in making a diagnosis, in fact the patient usually makes a correct one himself before he consults a surgeon for treatment. But it is different with the blind internal; here it requires a careful examination. The internal opening is usually low down, between the two sphincters, but it may be much higher, depending upon the location of the abscess. It is usually small, but by close inspection it can gener-ally be found at the summit of a papilla, at the bottom of a depression or within a crypt of Morgagni.

If ulceration is present, the fistula will be large and readily detected, especially when it is of a tubercular nature, it will then have an angry appearance, with red, ragged, undermined edges.

It has been said that an experienced rectal surgeon should have the tactus eruditus so well developed that he will always be able to find this opening by the sense of touch alone. But all operators still depend mostly upon the speculum to reveal its presence and location.

When an internal fistula is suspected, a speculum is gently introduced and opened just enough to afford room for inspection, but not enough to put the parts on the stretch as by so doing the opening would become obliterated.

By manipulation and by pressure on the different points of the circumference of the bowel, pus may be seen after a moment or two to well up from the opening, thus revealing the fistula. A probe bent at the proper angle may then be inserted into the opening and its course and depth determined. When an external opening exists at the same time and both discharging pus, no doubt can longer remain of the presence of a fistula and that a complete one.

In the external varieties the opening is more readily detected. It is usually very small, especially when of long standing, admitting only the finest probe; or it may be large, admitting the tip of the finger when it is tuberculous.

Its location may be anywhere around the anus or out on the buttock. When it is near the margin of the anus, within the radial folds it will require close scrutiny with stretching of the parts to detect it. While it is difficult at times to find this opening, at other times a casual observation will reveal its presence, and possibly a number of external openings, all of which lead down to abscess cavities or into one common cavity. The course of a sinus leading from an external opening, when superficial, may often be ascertained by practicing palpation between the opening and the anus. It will be detected by its hard, indurated, cord-like feel. But when the sinus dips down into the deeper structures, palpation will reveal nothing: and the probe will be our only means for ascertaining its direction. If there is only one moderately straight sinus, there will be no difficulty in finding its bottom, or in causing the probe to appear at the internal opening. But these sinuses are more often very tortuous, leading from one cavity into another, and furthermore each individual sinus may be very inconstant in diameter throughout its course. In such cases the probe will be arrested in the first enlargement or cavity it meets and it will be difficult to cause it to enter the opening on the other side. In fact it may be impossible to do so until the tissues are divided upon a grooved director to that point, when by manipulation and search, the probe may enter the proximal end and by continuing the process it can be made to appear at the internal opening if one exists.

The *treatment* of fistula in ano is the same as that instituted for chronic abscess. It consists in furnishing free drainage for all discharges and in exciting healthy granulations by means of irritating

injections, curettage, or by free incision of the sinuses. Before performing any operation, a microscopical examination should be made of the discharges and scrapings of the diseased tissues to ascertain whether it be tubercular or not: for it is unsafe to operate in tubercular cases except by total excision of entire diseased area and by immediate suture. The danger is that a general tuberculosis or tuberculosis of other internal organs may be incited from the absorption of tubercle bacilli through the freshened surfaces. In such an operation, strict attention must be paid to aseptic surgery in every particular.

Many fistulae can be cured by simply furnishing free drainage, and others by thorough drainage first and irritating injections afterwards to cause healthy granulations. The *modus operandi* is as follows: After the cavity (or cavities) has been thoroughly drained and washed out with sterilized water, it is fully distended by a saturated solution of silver nitrate, which is allowed to remain two or three minutes. Then the opening is enlarged under local cocaine anesthesia, and the injection allowed to escape. The cavity is then washed out again with sterilized water. Some operators prefer carbolic acid, some iodine, for the injection. Tuttle of New York prefers the silver solution and I have had better results from it than from any other. This method is especially beneficial in the blind external variety, but is often employed, with success, in the complete type.

This treatment should be tried in those cases of complete fistulae where the internal opening is high up in the bowel and there would be great danger of excessive hemorrhage from the cutting operation. In all such cases vaseline should be freely applied around the internal opening and mucous membrance generally to protect it from the action of the caustic that might be forced into the bowel. The cure is effected in from two to three weeks, and this much time should elapse before repeating the operation; at the end of this time, however, if healing has not taken place the operation can be repeated. But one injection will often be sufficient.

If a cure is not effected after repeated trials, it is probably due to one of two causes: Either all parts of the cavity have not been reached or it has become reinfected through the internal opening. In such cases there is nothing to be done except to resort to the operative method. In this method the patient is anesthetized and sphincters dilated. Every thing in connection with the operative field is made aseptic. Then if it is a complete fistula, a grooved director is introduced into the external opening and brought out at the

internal one, and the tissues over it divided with a sharp bistoury. Careful search is then made with a probe for any lateral sinuses, which are laid open if found. The bottom of the wound is freely curetted to remove the lining of the fistula. The tract is thus converted into an open wound, which is dressed antiseptically and loosely packed with antiseptic gauze. The bowels having been previously moved, should be confined for several days, especially if the operation has been at all extensive. When they do move, the parts should be immediately cleansed, and the wound made aseptic again. In the course of the healing process, the bottom of the wound is carefully watched in order to detect the formation of new pockets which should be opened at once. If the internal opening cannot be reached by reason of the tortuosity of the canal, the director should be introduced as far as possible without using force, the tissues are divided upon it, as far as it has gone, then by changing the course of the director it may be inserted still farther. Thus by successive steps it may be made to enter the internal opening. The finding of this opening is very essential, for if the director is forced through the mucous membrane at a different point other than the opening, it and the contiguous part of the fistula remain pervious and reinfection from the rectum will certainly occur and a cure prevented. Therefore by all means find the internal opening and divide it before completing the operation.

The horseshoe fistula is an extensive complete one, and is treated on the same general plan, the only difference being that one side is operated on and allowed to heal before the other side is touched. This is done to guard against dividing the sphincters more than once at the same operation. A blind internal fistula should be converted into the complete variety by introducing a probe into it to its very depth, and when detected through the skin it is cut down upon, after which the director can be introduced from the outside and the operation completed as described. I never use the ligature, and under no circumstances would I recommend it for the cure of fistula in ano.

The Journal

OF

The Kansas Medical Society

in which is incorporated

The Wichita Medical Journal.

A MONTHLY MAGAZINE FOR THE BENEFIT OF THE PHYSICIANS OF KANSAS

W. E. McVEY, *President.*
G. W. COFFEY, *First Vice-President.*
J. T. AXTELL, *Second Vice-President,*
CHARLES S. HUFFMAN, *Recording Secretary.*
C. C. GODDARD, *Corresponding Secretary.*
L. H. MUNN, *Treasurer.*
S. G. STEWART, *Librarian.*

GEORGE HOWARD HOXIE, A. M., M. D.,
Editor and Business Manager,
900 Tennessee Street, Lawrence, Kansas.

Publication Committee.
DR. C. S. HUFFMAN, *Columbus.*
DR. L. H. MUNN, *Topeka.*
DR. W. F. SAWHILL, *Concordia.*
DR. R. A. ROBERTS, *Kansas City.*

Printed by THE GAZETTE UNION LABEL Lawrence, Kansas.

Vol. IV. February 1, 1904. No. 2.

THE SOUTHEASTERN SOCIETY.

At a meeting held in Fort Scott, Kansas on December 1, 1903, the following members of the Southeast Medical Society were present: J. W. Porter, A. Dietrich and H. B. Caffey of Pittsburg, M. F. Jarrett, J. B. Carver, A. J. Roberts and R. Aikman of Fort Scott, C. S. Huffman of Columbus, E. B. Payne of Galena, R. L. Von Treba and I. B. Anderson of Chetopa, R. R. Hunter of Fulton, C. P. Lee and R. J. Peare of Pleasanton, M. Coryell of Gato; R. A. Light of Chanute, Wm. Frick of Kansas City and George S. Liggett of Oswego.

The society was called to order by Dr. M. F. Jarrett. The meeting was held in the parlors of the Y. M. C. A. building. The minutes of March 3 and September 1 were read and approved. The bill of the secretary of $15.11 for programs and postage covering a

period of three quarterly meetings was read and allowed. On motion Drs. Huffman, Porter and Hunter were appointed to examine the secretary's book and report at the evening session.

Dr. J. B. Anderson read a paper on "Thirty Year's Practice," which was discussed by Drs. Frick, Hunter and Roberts.

Dr. J. B. Carver read a paper on Cystitis, which was discussed by Drs. Huffman, Light, Dietrich, Frick, Hunter and Porter.

On motion Drs. Porter, Huffman and Hunter were appointed as a committee on program with instructions to report at evening session. After which the society adjourned.

EVENING SESSION.

The committee appointed to examine the books of the secretary made the following report: "We, your committee, have carefully examined the books of the secretary, Dr. G. S. Liggett and find them carefully and correctly kept—and also find he has a balance in his hands of $22.39.

(Signed) CHAS. S. HUFFMAN,
R. R. HUNTER,
J. W. PORTER.

The report was accepted by motion.

The program committee reported and suggested the following as those to read papers at the next meeting, allowing of the doctors to select their own topic: Dr. A. Deitrich, A. C. Graves, R. R. Hunter, Wm. Frick, M. Coryell, J. E. Jewell, R. A. Light, D. A. Iliff, E. B. Payne, J. R. Peare. The report of the committee was received and the gentlemen instructed to take due notice and govern themselves accordingly.

It was moved and carried that the action taken at Parsons, Kansas, on September 1, in that the name of the Southeast Medical Society, was changed to the Second District Branch of the Kansas Medical Society, be affirmed, and that the officers elected at that time serve till the annual meeting in March 1904 when election of officers shall be held.

It was moved and carried that the committee appointed at Parsons, to report a change of bylaws, be discharged, and that Dr. Huffman be appointed to draft a constitution and bylaws to correspond to the State Medical Society laws. Pittsburg, Kansas, was selected as the next place of meeting of the Second District Branch of the Kansas Medical Society, on the first Tuesday in March 1904. Moved and carried that the secretary be instructed to purchase a

new set of books and print such letters and circulars as are necessary to inform the old members of the Southeast Kansas Medical Society that the name is now the Second District Branch of the Kansas Medical Society.

Dr. A. J. Roberts read a paper on "The Charlatan," which was discussed by the members present.

Dr. J. B. Anderson reported an interesting case of retention of urine that was thought by the society to be perhaps hysterical.

On motion of the Second District Branch of the Kansas Medical Society adjourned to meet in Pittsburg, Kansas on the first Tuesday in March, 1904.

GEO. S. LIGGETT,
Secretary.

CRAWFORD COUNTY.

This is the first county to report to the Southeast District Society since the organization of the latter. The organization occurred January 7 with the following members: J. W. Porter, Wm. Williams, A. Dietrich, G. W. Williams, H. B. Caffey, H. H. Boyle, A. C. Graves, E. O. Sloan, W. H. Welch and T. R. Cave of Pittsburg; G. E. Cole, L. P. Adamson, J. B. Gardener, of Girard; C. F. Lewis, Hepler; J. G. Sandidge, Mulberry; M. Coryell, Cato; J. H. Ragsdale McCune; A. H. Smith, D. A. Iliff Cherokee; C. R. Tinder, Englevale; C. A. Smith, Yale; H. M. Bacon, Nelson; A. J. Dodds, Fleming; H. M. Cowan, Midway; M. K. Scott, Frontenac (—25) The officers elected were: *President*, E. O. Sloan; *Vice-President*, A. J. Dodds: *Secretary*, H. B. Caffey; *Treasurer*, A. C. Graves. The next meeting will occur on the first Thursday in February at 2 p. m.

If all counties were as prompt and as well organized, there would be a strong showing.

GEO. S. LIGGETT,
Acting Secretary Second District.

DOUGLAS COUNTY MEDICAL SOCIETY.

The annual meeting took place in the evening of January 1, 1904, at Dr. G. W. Jones' private hospital. Those present were: Drs. G.

W. and H. T. Jones, Laslett, Simmons, Keith, E. D. F. Phillips, Harvey, Boyd, Hoxie, Smith, Hamman, Leslie, Witham, Naismith and Clark and Professors Bailey, Barber and McClung.

The committee appointed for the purpose of formulating a method of procedure by which delinquent debtors could be forced to pay bills for medical attendance, reported that no business had been transacted, and the time for it to report was extended to the February meeting.

The Treasurer reported sixteen in good standing, and three who were still owing one dollar each to the treasury—which amounts were paid before the meeting adjourned.

The report was audited by Drs. Hoxie and H. T. Jones, and it was then moved that the report be accepted as amended by the payment of the three dollars before mentioned, and, so amended, the report showed $20.35 received and added to the $60 on hand at last report; total $59.75 disbursed; $20.60 on hand.

The Secretary's bill of $1.40, expended for postage, was allowed.

The following officers were elected: *President*, H. L. Chambers, Lecompton; *Vice-President*, G. A. Hamman, Lawrence; *Secretary*, A. W. Clark Lawrence; *Treasurer*, E. Smith. Lawrence; *Delegates*, E. D. F. Phillips, Lawrence, G. W. Jones, Lawrence; *Alternates*, C. J. Simmons, Lawrence, G. A. Hamman, Lawrence; *Member Nominating Committee*, G. A. Boyd, Baldwin; *Member Board of Censors*, E. Laslett, Lawrence.

Dr. G. Jones read a paper entitled "The Division of Work," which was essentially a plea for a greater degree of specializing in medicine.

Meeting adjourned at 10:55 and those who remained later had an opportunity of inspecting the hospital.

ARTHUR W. CLARK,
Secretary.

The list of active members is as follows: G. A Boyd, A. W. Clark, H. L. Chambers, G. H. Hoxie, G. A. Hamman, F. D. H. Harvey, G. W. Jones, H. T. Jones, E. R. Keith, B. F. Leslie, Elizabeth Laslett, C. H. Loomis, F. D. Morse, C. B. Miller, Jas. Naismith, J. H. Outland, C. R. Dixon, C. J. Simmons, E. Smith. E. D. F. Phillips.

THE WYANDOTTE COUNTY MEDICAL SOCIETY.

1904.—Meets at City Hall, Wyandotte, Monday evenings.

PROGRAM FOR THE QUARTER.

Jan. 4.—R. C. Lowman, "Diphtheritic Croup."
Jan. 11.—B. T. Sharp, "Pneumonia."
Jan. 18.—Annual Meeting—Election of Officers.
Jan. 25.—Anna K. Masterson, "Neurasthenia."
Feb. 1.—
Feb. 8.—C. A. Foulks, "Proprietary Medicines."
Feb. 15.—C. J. Lidikay, "Eye Strain."
Feb. 22.—C. M. Stemen, "Amputations About the Hipjoint."
Feb. 29.—T. C. Benson.
Mar. 7.—J. G. Poole.
Mar. 14.—A. S. Pavlish.
Mar. 21.—J. L. B. Eager.
Mar. 28.—O. M. Longenecker, "Pancreatic Diseases."

HUGH WILKINSON,
Secretary.

We are indebted to Dr. J. E. Hawley, Burr Oak, Kansas, for copies of THE JOURNAL for January,—May 1903, to contribute to the University library.

THE BASIS for the new disinfectant and germiase, acetozone, is a diatomaceous earth. When organic matter collects upon the silicous shells, there may be produced appearances suggestive of parasitic worms, This should be remembered in making microscopical examinations of material likely to contain the insoluble residue of acetozone.—C. E. McC.

CASES HAVE occasionally been reported concerning living insects in the human alimentary canal. *A priori*, these would be considered improbable, but recently in the proceedings of the Cambridge Philosophical Society occurs the account of an instance where the living larva of a beetle (*otiorinchus tenebriosis*) was found imbedded under the mucous coat of the ileum of a man 73 years old. It is also reported that the cheese maggot (*Piophila casei*) can pass uninjured through the alimentary canal.—C. E. McC.

THIRD DISTRICT BRANCH.

The second annual meeting will occur the afternoon and evening of February 4, 1904 at Clay Center in the Bonham hotel.

PROGRAM.

Annual address by the President, The therapeutics of ichthyol, Dr. J. C. Rudolph, Hanover.

The discussion opened by Dr. Wm. Kamp, Belleville; Dr. M. N. Gardner, Greenleaf.

Diphtheria: Report of case cured by the combined treatment of Antitoxine and Tracheotomy, Dr. A. J. Weaver, Concordia.

The discussion opened by Dr. C. F. Leslie, Clyde; Dr. H. M. Ochiltree, Haddam.

An unusual effect from irritation of the ulnar nerve, Dr. J. N. Saunders, Cawker City.

The discussion opened by Dr. W. R. Priest, Concordia; Dr. J. H. Brierly, Glasco.

Anatomical treatment of fractures of the femoral neck, Dr. Z. H. Snyder, Palmer.

The discussion opened by Dr. F. M. Daily, Beloit; Dr. R. J. Marion, Green.

The degeneracy of therapeutics, Dr. J. P. Stewart, Clay Center.

The discussion opened by Dr. W. S. Harvey, Salina; Dr. B. W. Slagle, Smith Center.

A case of peripheral neuritis, accompanied with cardiac disease, Dr. S. C. Pigman, Concordia.

The discussion opened by Dr. D. C. Tyler, Clifton; Dr. J. S. Billingsly, Belleville.

The officers are:

President, William F. Sawhill, Concordia.

Vice President, Josephus P. Stewart, Clay Center.

Secretary, Michael R. Spessard, Glen Elder.

Treasurer, Francis M. Daily, Beloit.

DR. SCHUYLER ELLIOTT died suddenly in Kansas City, Kas., the other day.

COUNCIL MEETING.

Meeting of the Council of the Kansas Medical Society at Hotel Baltimore, Kansas City, Mo., Jan. 18, 1904.

Council called to order by W. E. McVey, *President*.

Those present were:

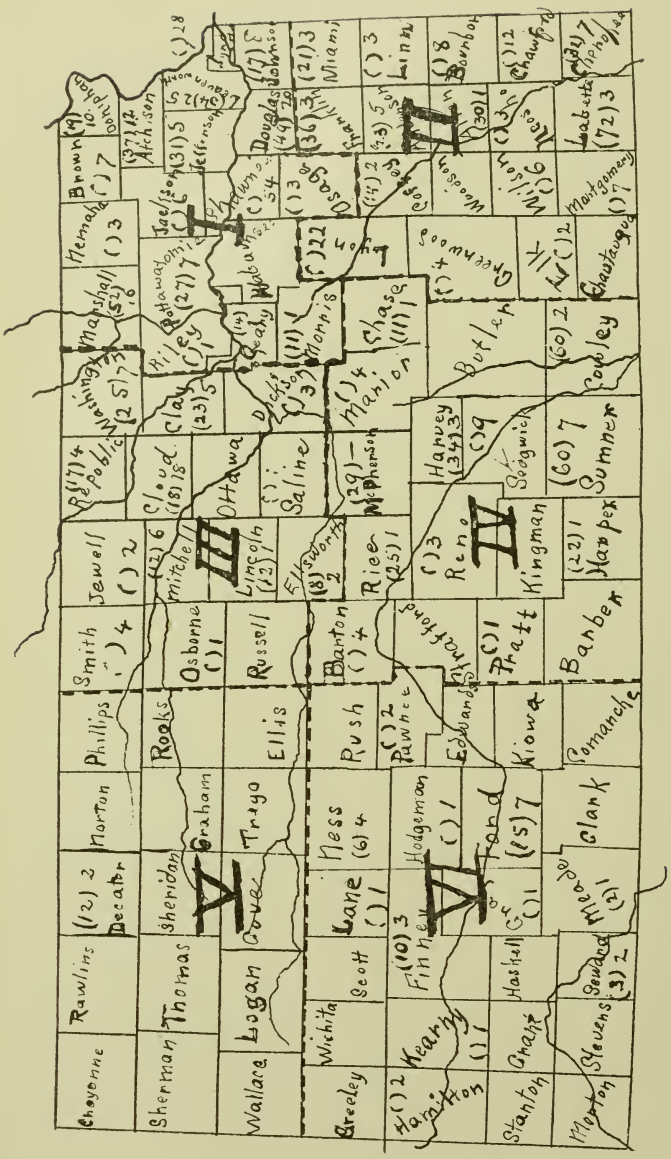
W. E. McVey, *President*, Topeka.
C. S. Huffman, *Secretary*, Columbus.
R. A. Roberts, *President 1st District*, Kansas City.
M. F. Jarret, *President 2nd District*, Fort Scott.
W. F. Sawhill, *President 3rd District*, Concordia.
S. J. Crumbine, *President 6th District*, Dodge City.
G. H. Hoxie, *Editor of* JOURNAL OF K. M. S. was also present.

Dr. McVey in calling the council to order stated that the object of the meeting was to confer with Dr. McCormack of Bowling Green, Ky., Chairman of the Committee on Organization of the American Medical Association. Dr. McCormack addressed the council on the advisability of adopting the constitution and by-laws proposed by the A. M. A. After listening to his address Dr. Sawhill moved that we publish in our journal the constitution and by-laws, proposed by the A. M. A. so that the members of the Kansas Medical Society throughout the state become familiar with it by the time of the next meeting of the K. M. S.

Motion also was made that a proposition to reorganize on the plan suggested by the A. M. A. be submitted and acted upon at the next meeting of the society at Topeka May 5, 6 and 7, 1904 and that the whole plan be printed in the Journal to lay before the Medical profession of the state.

Motion made that council extend greeting to officers and members of the Golden Belt Medical Society, and that we recognize the above named society, as being one of the best district societies in the state, and it be the sense of this meeting that the Golden Belt be invited to become a district branch of the K. M. S. consisting of the following counties: Riley, Geary, Morris, Dickinson, Ottawa, Saline, Lincoln, Ellsworth, Russell, Ellis, Trego, Gove, Logan, Wallace, Greely, Wichita and Scott. Secretary instructed to confer with the officers of the Golden Belt Society in relation to the above.

(Signed) CHAS. S. HUFFMAN,
Recording Secretary.



THE DISTRICTS AND COUNTIES OF KANSAS according to the reports of the last annual meeting. The figures in parenthesis indicate the number of eligible physicians in each county so far as the editor has been able to induce to his colleagues to supply him with information. The other figures give the numbers in the State Society last May. We hope to publish another map this year showing wonderful advancement, both in membership, and information regarding the eligibles in each county.

THE PROPOSED CONSTITUTION.

PREFATORY NOTE.

There has been an expressed desire on the part of the officers, members and committees of nearly all the state societies to comply with the recommendations of the American Medical Association in regard to a more uniform organization of the state bodies. The committee has thought best to prepare a constitution and by-laws for state societies that shall incorporate the general principles recommended to and adopted by the American Medical Society, and it here submits such constitution and by-laws to the consideration of all who may be interested.

The importance of practical uniformity in the essential features of organization in every state is so great, and has so constantly grown on all who have had opportunity for observing the work in the states which adopted plans of reorganization last year, that an earnest plea is made to those who have the matter in charge in other states not to depart from the Society plan, in the absence of the most obvious reasons for doing so. One of the prime objects of the movement from the outset has been to get rid of the crazy-quilt system, or, rather, the lack of system, which has long stood in the pathway of every effort at legislative and other reforms, and to secure such unity of both purpose and methods as would make the voice of the profession effective. The plan has now been so fairly and successfully tested, under such varied conditions, and in such widely separated states, as to demonstrate its adaptability to use in any state. It is no longer an experiment.

The four essential features provided in the constitution and by-laws are so interdependent, that no one of them can be cut out without weakening the plan as a whole. This statement is based on the experience of those states which reorganized last year, and which left out one or more features. usually the House of Delegates, or Council, as compared with what has been accomplished in the same time, and under very similar conditions, in the still larger number of states which accepted the plan as a whole.

The four essential features of the Society plan, named in the order of their importance, are: 1. The county society, as the unit or organization, and the foundation for everything above it. 2. The House of Delegates, composed of a specially selected and limited number of representatives from the county societies, to look after and foster the scientific legislative and material interests of the profession. 3. A Council, to be selected from the profession at large, to act for the House of Delegates, under well-defined restrictions, in the interval between meetings. 4. The General Meeting, composed of all the members of all the county societies who will attend, which can devote its entire time and attention to the reading and discussion of papers and to other scientific work. Thus the General Meeting

is relieved of the miscellaneous business which consumed so much time in the past with so little profit, and of the election of officers, which was often a source of distraction and discontent.

It is true that much contained in the by-laws, where a wide departure is made from the brevity and compactness of expression observed in the constitution, is explanatory, suggestive and educational in character, and much is embraced which would not be necessary if such an organization of the profession as is contemplated were already in existence. In justification for this it is submitted that, under existing conditions, it is as important to furnish incentives to this work, to give practical and detailed information as to how it is to be done, and to put the reasons for all of it within easy reach of those who, as councilors and volunteers, will discuss the subject from one end of the country to the other, as it is to furnish the foundation and framework of the superstructure set forth in the constitution.

Amendment of the by-laws is purposely made easy, and after the organization has been accomplished, which will require more time and self-sacrificing labor than is generally understood, anything found obsolete or impracticable can be easily eliminated, or replaced by provisions better adapted to needs then existing.

Committees on organization yet to report, and members of state societies which have not reorganized, are urged to give this subject the consideration to which it is entitled, and especially are they urged not to change a plan designed and recommended for universal adoption by the American Medical Association merely for the sake of change. Doubtless another committee might have devised something better, but, conceding this to be true, a departure from it now can not be otherwise than a step backward. If the profession of any state is not sufficiently advised or for any other reason is not ready to act favorably on the plan as a whole, it will be far better, in the light of the experience of those states which acted differently, to postpone action for another year. However well intended, any other course is unjust to and is likely to bring discredit on the entire plan of organization, and in the end will work an injustice on the profession of the state where it is done.

J. N. McCormack,
P. Maxwell Foshay,
George H. Simmons,
Committee on Organization of the American Medical Association.

CONSTITUTION.

Article I.—Name of the Society.

The name and title of this organization shall be the Kansas State Medical Society.

Article II.—Purposes of the Society.

The purposes of this Society shall be to federate and bring into one compact organization the entire medical profession of the State of Kansas, and to unite with similar societies of other states to form the American Medical Association; to extend medical knowledge and advance medical science: to elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to guard and foster the material interests of its members and to protect them against imposition; and to enlighten and direct public opinion in regard to the great problems of state medicine, so that the profession shall become more capable and honorable within itself, and more useful to the public, in the prevention and cure of disease, and in prolonging and adding comfort to life.

Article III.—Component Societies.

Component Societies shall consist of those county medical societies which hold charters from this society.

Article IV.—Composition of the Society.

Section 1. This Society shall consist of members, delegates and guests.

Sec. 2. Members. The members of this Society shall be the members of the component county medical societies.

Sec. 3. Delegates.—Delegates shall be those members who are elected in accordance with this constitution and bylaws to represent their respective component societies in the house of delegates of this Society.

Sec. 4. Guests. Any distinguished physician not a resident of this state who is a member of his own state Society may become a guest during any annual session on invitation of the officers of this Society, and shall be accorded the privilege of participating in all of the scientific work for that session.

Article V.—House of Delegates.

The House of Delegates shall be the legislative and business body of the Society, and shall consist of (1) Delegates elected by the component societies, (2) the Councilors, and (3), *ex officio*, the president and secretary of this Society.

Article VI.—Council.

The Council shall consist of the Councilors, and the President and Secretary, *ex-officio*. Besides its duties mentioned in the by-laws it shall constitute the Finance Committee of the House of Delegates. Five Councilors shall constitute a quorum.

Article VII.—Sections and District Societies.

The House of Delegates may provide for a division of the scientific work of the Society into appropriate Sections, and for the organization of such Councilor District Societies as will promote the best interests of the profession, such societies to be composed exclusively of members of component county societies.

Article VIII.—Sessions and Meetings.

Section 1. The Society shall hold an Annual Session, during which there shall be held daily General Meetings, which shall be open to all registered members, and guests.

Sec. 2. The time and place for holding each Annual Session shall be fixed by the House of Delegates.

Article IX.—Officers.

Section 1. The officers of this Society shall be a President, three Vice-Presidents, a Secretary, a Treasuer, and six Councilors.

Sec. 2. The officers except the Councilors, shall be elected annually. The secretary shall be elected for three years. The President shall appoint the first Councilors, to serve for one year, or until their successors are elected. The terms of the elected Councilors shall be for three years, those first elected serving one, two and three years, as may be arranged. All of these officers shall serve until their successors are elected and installed.

Sec. 3. The officers of this Society shall be elected by the House of Delegates on the morning of the last day of the Annual Session, but no delegate shall be eligible to any office named in the preceding section, except that of Councilor, and no person shall be elected to

any such office who is not in attendance upon that Annual Session, and who has not been a member of the Society for the past two years.

Article X.—Reciprocity of Members with other State Societies.

In order to broaden professional fellowship this Society is ready to arrange with other State Medical Societies for an interchange of certificates of membership, so that members moving from one state to another may avoid the formality of re-election.

Article XI.—Funds and Expenses.

Funds shall be raised by an equal per capita assessment on each component society. The amount of the assessment shall be fixed by the House of Delegates, but shall not exceed the sum of $2.00 per annum, except on a four-fifths vote of the delegates present. Funds may also be raised by voluntary contributions, from the society's publications, and in any other manner approved by the House of Delegates. Funds may be appropriated by the House of Delegates to defray the expenses of the Society for publications, and for such other purposes as will promote the welfare of the profession. All resolutions appropriating funds must be referred to the finance committee before action is taken thereon.

Article XII.—Referendum.

Section 1. A general meeting of the Society may, by a two-thirds vote of the members present, order a general referendum on any question pending before the House of Delegates, and when so ordered the House of Delegates shall submit such question to the members of the Society who may vote by mail or in person, and if the members voting shall comprise a majority of all the members of the Society, a majority of such vote shall determine the question and be binding on the House of Delegates.

Sec. 2. The House of Delegates may, by a two-thirds vote of its own members, submit any question before it to a general referendum, as provided in the preceding section, and the result shall be binding on the House of Delegates.

Article XIII.—The Seal.

The Society shall have a common seal, with power to break, change or renew the same at pleasure.

Article XIV.—Amendments.

The House of Delegates may amend any article of this constitution by a two-thirds vote of the delegates present at any annual session, provided that such amendment shall have been presented in open meeting at the previous annual session or that it shall have been recommended by the council and published twice during the year in the journal of this Society, or sent officially to each component society at least two months before the meeting at which final action is to be taken.

BY-LAWS.

Chapter I.—Membership.

Section 1. The name of a physician on the properly certified roster of members of a component society, which has paid his annual assessment, shall be *prima facie* evidence of membership in this Society.

Sec. 2. Any person who is under sentence of suspension or expulsion from a component society, or whose name has been dropped from its roll of members, shall not be entitled to any of the rights or benefits of this society, nor shall he be permitted to take part in any of its proceedings until he has been relieved of such disability.

Sec. 3. Each member in attendance at the annual session shall enter his name on the registration book, indicating the component society of which he is a member. When his right to membership has been verified, by reference to the roster of his society, he shall receive a badge, which shall be evidence of his right to all the privileges of membership at that session. No member shall take part in any of the proceedings of an annual session until he has complied with the provisions of this section.

Chapter II.—Annual and Special Sessions of the Society.

Section 1. The Society shall hold an annual session at such time and place as has been fixed at the preceding annual session by the House of Delegates.

SEC. 2. Special meetings of either the Society or the House of Delegates shall be called by the President on petition of twenty delegates or fifty members.

CHAPTER III.—GENERAL MEETINGS.

SECTION 1. All registered members may attend and participate in the proceedings and discussions of the general meetings and of the sections. The general meetings shall be presided over by the president or by one of the vice-presidents, and before them shall be delivered the address of the president and the orations.

SEC. 2. The general meeting may recommend to the House of Delegates the appointment of committees or commissions for scientific investigation of special interest and importance to the profession and the public.

CHAPTER IV—HOUSE OF DELEGATES.

SECTION 1. The House of Delegates shall meet on the day before that fixed as the first day of the annual session. It may adjourn from time to time as may be necessary to complete its business, provided, that its hours shall conflict as little as possible with the general meetings. The order of business shall be arranged as a separate section of the program.

SEC. 2. Each component county society shall be entitled to send to the House of Delegates each year one delegate for every 25 members, and one for each major fraction thereof, but each component society which has made its annual report and paid its assessment as provided in this Constitution and By-Laws, shall be entitled to one delegate.

SEC. 3. Twelve delegates shall constitute a quorum.

SEC. 4. It shall, through its officers, Council and otherwise, give diligent attention to and foster the scientific work and spirit of the Society, and shall constantly study and strive to make each Annual Session a stepping stone to future ones of higher interest.

SEC. 5 It shall consider and advise as to the material interests of the profession, and of the public in those important matters wherein it is dependent upon the profession, and shall use its influence to secure and enforce all proper medical and public-health legislation, and to diffuse popular information in relation thereto.

SEC. 6. It shall make careful inquiry into the condition of the profession of each county in the State, and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such county societies as already exist,

and for organizing the profession in counties where societies do not exist. It shall especially and systematically endeavor to promote friendly intercourse among physicians of the same locality, and shall continue these efforts until every physician in every county of the State who can be made reputable has been brought under medical siciety influence.

SEC. 7. It shall encourage post-graduate and research work, as well as home study, and shall endeavor to have the results utilized and intelligently discussed in the county societies.

SEC. 8. It shall elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that body.

SEC. 9. It shall divide the state into Councilor Districts, specifying what counties each district shall include, and, when the best interest of the Society and profession will be promoted thereby organize in each a district medical society, and all members of component county societies, and no others, shall be members in such district societies. When so organized, from the presidents of such district societies shall be chosen the Vice-Presidents of this Society, and the presidents of the county societies of the district shall be the vice-presidents of such district societies.

SEC. 10. It shall have authority to appoint committees for special purposes from among the members of the Society who are not members of the House of Delegates. Such committees shall report to the House of Delegates, and may be present and participate in the debate on their reports.

SEC. 11. It shall approve all memorials and resolutions issued in the name of the Society before the same shall become effective.

CHAPTER V.—ELECTION OF OFFICERS.

SECTION 1. All elections shall be by ballot, and a majority of the votes cast shall be necessary to elect.

SEC. 2. The election of officers shall be the first order of business of the House of Delegates after the reading of the minutes on the morning of the last day of the General Session.

SEC. 3. Any person known to have solicited votes for or sought any office within the gift of this Society shall be ineligible for any office for two years.

CHAPTER VI.—DUTIES OF OFFICERS.

SECTION 1. The President shall preside at all meetings at the Society and of the House of Delegates ; shall appoint all committees

not otherwise provided for; he shall deliver an annual address at such time as may be arranged, and perform such other duties as custom and parliamentary usage may require. He shall be the real head of the profession of the state during his term of office, and, as far as practicable, shall visit by appointment the various sections of the state and assist the Councilors in building up the county societies, and in making their work more practical and useful.

SEC. 2. The Vice-Presidents shall assist the President in the discharge of his duties. In the event of the President's death, resignation or removal, the Council shall select one of the Vic-Presidents to succeed him.

SEC. 3. The Treasurer shall give bond in the sum of $1,000. He shall demand and receive all funds due the Society, together with the bequests and donations. He shall pay money out of the Treasury only on a written order of the President, countersigned by the Secretary; he shall subject his accounts to such examination as the House of Delegates may order, and he shall annually render an account of his doings and of the state of the funds in his hands.

SEC. 4. The Secretary shall attend the General Meetings of the Society and the meetings of the House of Delegates, and shall keep minutes of their respective proceedings in separate record books. He shall be *ex-officio* Secretary of the Council. He shall be custodian of all record books and papers belonging to the Society, except such as properly belong to the Treasurer, and shall keep account of and promptly turn over to the Treasurer all funds of the Society which come into his hands. He shall provide for the registration of the members and delegates at the Annual Session. He shall, with the co-operation of the secretaries of the component societies, keep a card-index register of all the legal practitioners of the State by counties, noting on each his status in relation to his county society, and, on request, shall transmit a copy of this list to the American Medical Association. He shall aid the Councilors in the organization and improvement of the county societies and in the extension of the power and usefulness of this Society. He shall conduct the official correspondence, notifying members of meetings, officers of their election, and committees of their appointment and duties. He shall employ such assistants as may be ordered by the House of Delegates, and shall make an annual report to the House of Delegates. He shall supply each component society with the necessary blanks for making their annual reports; shall keep an account with the component societies, charging against each society its assessment, collect the same, and at once turn it over to the Treasurer.

Acting with the Committee on Scientific Work, he shall prepare and issue all programs. The amount of his salary shall be fixed by the House of Delegates. His bond shall be for the sum of $500.

Chapter VII.—Council.

Section 1. The Council shall meet on the day preceding the Annual Session, and daily during the Session, and at such other times as necessity may require, subject to the call of the chairman, or on petition of three Councilors. It shall meet on the last day of the Annual Session of the Society to organize and outline work for the ensuing year. It shall elect a chairman and a clerk, who, in the absence of the Secretary of the Society, shall keep a record of its procedings. It shall, through its chairman, make an annual report to the House of Delegates.

APR 7 1905 LIBRARY

Sec. 2. Each Councilor shall be organizer, peacemaker and censor for his district. He shall visit the counties in his district at least once a year for the purpose of organizing component societies where none exists; for inquiring into the condition of the profession, and for improving and increasing the zeal of the county societies and their members. He shall make an annual report of his work and of the condition of the profession of each county in his district at the Annual Session of the House of Delegates. The necessary traveling expenses incurred by such Councilor in the line of the duties herein imposed may be allowed by the House of Delegates on a proper itemized statement, but this shall not be construed to include his expense in attending the Annual Session of the Society.

Sec. 3 The Council shall be the board of censors of the Society. It shall consider all questions involving the rights and standing of members, whether in relation to other members, to the component societies, or to this Society. All questions of an ethical nature brought before the House of Delegates or the General Meeting shall be referred to the Council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members or component societies on which an appeal is taken from the decision of an individual Councilor, and its decision in all such matters shall be final.

Sec. 4. In sparsely settled sections it shall have authority to organize the physicians of two or more counties into societies, to be suitably designated so as to distinguish them from district societies, and these societies, when organized and chartered, shall be entitled to all rights and privileges provided for component societies until such counties shall be organized separately.

SEC. 5. The Council shall provide for and superintend the publication and distribution of all proceedings, transactions and memoirs of the Society, and shall have authority to appoint an editor and such assistants as it deems necessary. All money received by the Council and its agents, resulting from the discharge of the duties assigned to them, must be paid to the Treasurer of the Society. As the Finance Committee it shall annually audit the account of the Treasurer and Secretary and other agents of this Society and present a statement of the same in its annual report to the House of Delegates, which report shall also specify the character and cost of all the publications of the Society during the year, and the amount of all other property belonging to the Society under its control, with such suggestions as it may deem necessary. In the event of a vacancy in the office of the Secretary, or the Treasurer, the Council shall fill the vacancy until the next annual election.

CHAPTER VIII.—COMMITTEES.

SECTION 1. The standing committees shall be as follows:

A Committee on Scientific Work.

A Committee on Public Policy and Legislation.

A Committee on Arrangement, and such other committees as may be necessary. Such committees shall be elected by the House of Delegates, unless otherwise provided.

SEC. 2. The Committee on Scientific Work shall consist of three members, of which the Secretary shall be one, and shall determine the character and scope of the scientific proceedings of the Society for each session, subject to the instructions of the House of Delegates. Thirty days previous to each Annual Session it shall prepare and issue a program announcing the order in which papers, discussions and other business shall be presented.

SEC. 3. The Committee on Public Policy and Legislation shall consist of three members and the President and Secretary. Under the direction of the House of Delegates it shall represent the Society in securing and enforcing legislation in the interest of public health and of scientific medicine. It shall keep in touch with professional and public opinion, shall endeavor to shape legislation so as to secure the best results for the whole people, and shall strive to organize professional influence so as to promote the general good of the community in local, state and national affairs and elections.

SEC. 4. The Committee of Arrangements shall be appointed by the component society in which the Annual Session is to be held. It shall provide suitable accommodations for the meeting-places of the

Society and of the House of Delegates, and of their respective committees, and shall have general charge of all the arrangements. Its Chairman shall report an outline of the arrangements to the Secretary for publication in the program, and shall make additional announcements during the session as occasion may require.

Chapter IX.—Country Societies.

Section 1. All county societies now in affiliation with this Society or those which may hereafter be organized in this State, which have adopted principles of organization not in conflict with this Constitution and By-Laws, shall, on application, receive a charter from and become a component part of this Society.

Sec. 2. As rapidly as can be done after the adoption of the this Constitution and By-Laws, a medical society shall be organized in every county in the State in which no component society exists, and charters shall be issued thereto.

Sec. 3. Charters shall be issued only upon approval of the Council and shall be signed by the President and Secretary of this Society. On the recommendation of the Council the House of Delegates shall have authority to revoke the charter of any component society whose actions are in conflict with the letter or spirit of this Constitution and By-Laws.

Sec. 4. Only one component medical society shall be chartered in any county. Where more than one county society exisits, friendly overtures and concessions shall be made, with the aid of the Councilor for the District if necessary, and all of the members brought into one organization. In case of failure to unite, an appeal may be made to the Council, which shall decide what action shall be taken.

Sec. 5. Each county society shall judge of the qualification of its own members, but, as such societies are the only portals to this Society and to the American Medical Association, every reputable and legally registered physician who does not practice or claim to practice, nor lend his support to any exclusive system of medicine, shall be eligible to membership, Before a charter is issued to any county society, full and ample notice and opportunity shall be given to every such physician in the county to become a member.

Sec. 6. Any physician who may feel aggrieved by the action of the society of his county in refusing him membership, or in suspending or expelling him, shall have the right to appeal to the Council, and its decision shall be final.

SEC. 7. In hearing appeals the Council may admit oral or written evidence as in its judgment will best and most fairly present the facts, but in case of every appeal, both as a Board and as individual Councilors in district and county work, efforts at conciliation and compromise shall precede all such hearings.

SEC. 8. When a member in good standing in a component society moves to another county in this state, his name, on request, shall be transferred without cost to the roster of the county society into whose jurisdiction he moves.

SEC. 9. A physician living on or near a county line may hold his membership in that county most convenient for him to attend, on permission of the society in whose jurisdiction he resides.

SEC. 10. Each component society shall have general direction of the affairs of the profession in this county, and its influence shall be constantly exerted for bettering the scientific, moral and material condition of every physician in the county; and systematic efforts shall be made by each member, and by the society as a whole, to increase the membership until it embraces every qualified physician in the county.

SEC. 11. At some meeting in advance of the Annual Session of this Society, each county society shall elect a delegate or delegates to represent it in the House of Delegates of this Society, in the proportion of one delegate to each twenty-five members or fraction thereof, and the Secretary of the Society shall send a list of such delegates to the Secretary of this Society, at least ten days before the Annual Sessions.

SEC. 12. The Secretary of each component society shall keep a roster of its members and of the non-affiliated registered physicians of the county, in which shall be shown the full name, address, college and date of graduation, date of license to practice in this state, and such other informotion as may be deemed necessary. In keeping such roster the Secretary shall note any changes in the personnel of the profession by death, or by removal to or from the county, and in making his annual report he shall be certain to account for every physician who has lived in the county during the year.

SEC. 13. The Secretary of each component society shall forward its assessment, together with its roster of officers and members, list of delegates, and list of non-affiliated physicians of the county to the Secretary of this Society each year thirty days before the Annual Session.

SEC. 14. Any county society which fails to pay its assessment, or make the report required, on or before the first day of April,

shall be held as suspended, and none of its members or delegates shall be permitted to participate in any business or proceedings of the Society or of the House of Delegates until such requirements have been met.

Chapter X.—Miscellaneous.

Section 1. No address or paper before the Society, except those of the President and orators, shall occupy more than twenty minutes in its delivery; and no member shall speak longer than five minutes, nor more than once on any subject except by unanimous consent.

Sec. 2. All papers read before the Society or any of the Sections shall become its property. Each paper shall be deposited with the Secretary when read.

Sec. 3. The deliberations of this Society shall be governed by parliamentary usage as contained in Roberts' Rules of Order, when not in conflict with this Constitution and By-Laws.

Sec. 4. The Principles of Medical Ethics of the American Medical Association shall govern the conduct of members in their relations to each other and to the public.

Chapter XI.—Amendments.

These By-Laws may be amended at any Annual Session by a majority vote of all the delegates present at that session, after the amendment has laid on the table for one day.

DR. GARDINER'S LIBRARY

Of 235 volumes, 68 bound in leather, 167 in cloth: plus 17 cloth bound periodicals and 28 volumes unbound, besides 200-300 pamphlets, for sale at $200. Some of the books are:

Twentieth Century practice (Wood) 20 vols.
Medical Jurisprudence, etc., Witthans & Becker (Wood) 4 vols.
American Textbook of Obstetrics, Norris (Saunders).
Hirst's System of Obstretrics, (Lea) 2 vols.
System of Genito-Urinary Diseases, etc., Morrow (Appleton) 3 vols.
Mann's System of Gynecelogy, (Lea) 2 vols.
Medical and Surgical Genecology, Pozzi (Wood) 2 vols.
Pediatrics, Rotch, (Lippincott).
Practical Therapentics, Hare (Lea) 3 vols.
Practice of Medicine, Osler (Appleton).
System of Medicine, Pepper (Lea) 5 vols.
Nervous Diseases of Children, Sacks, (Wood).
Practical Obstretrics, Grandin & Jarman (Davis).
Journal of A. M. A., 17 vols. bound, the rest unbound.
Address offers to MRS. GARDNER, 928 State St., Emporia, Kans.

EDITORIAL NOTES.

L. D. MCKINLEY, M. D., formerly superintendent of the Topeka asylum, died at Marshall, Ind., January 1, aged 68 years. He was a graduate of the Keokuk, Iowa, College of Physicians and Surgeons, 1885.

THE READERS of the JOURNAL should be sure to read (if they haven't done so) the exposure of the operations of the Robinson Drug Co. of Topeka, in the supplement of our last issue. We have noted in a newspaper clipping that Robinson was arrested and convicted in Leavenworth but know nothing of his succeeding career. Their use of physicians' names to bolster up their claims is scandalous and we should all use our influence to bring them to book for it. Dr. Haggart and Dr. Herr deserve our thanks for following up the matter. The Robinson Drug Co. has written us asking for space for a reply. This, if forthcoming, will appear in the March issue.

WILLIAM P. ARMSTRONG, M. D., Homœopathic Hospital College, Cleveland, Ohio, 1866, died at Salina, January 6, aged 60 years.

G. H. HOXIE, M. D., Lawrence, Kansas.

Dear Doctor:—Inclosed find check for $1.50 to pay for renewal and new subscription. I like last issue of the JOURNAL very much and would be glad to contribute what little I can to the columns of THE JOURNAL of the Kansas Medical Society. * * * * *

Braman, Okla., A. P. GEARHART.

THE IMPROVEMENT of the medical profession means the improvement of the public health. It is far better for a community to have ten good physicians with incomes sufficient to buy the latest books and the best apparatus, than to have twenty struggling, illy-paid, illy-equipped physicians. Therefore the efforts of the medical profession to organize and develop better methods of work and discuss their common problems is of direct value to the public. The supercilious air assumed by some newspaper men in this matter is peculiarly irritating, because it shows such dense ignorance as to the real meaning and value of the movement on the part of those who of all men should be well informed. Again the attitude of the clergy toward the medical profession is one worthy of anything but praise. Of course there are preachers and preachers; as there are doctors and doctors. But the general attitude of the clergy is one of encouragement to all those forces which tend to bar the progress of scientific medicine. The physicians are themselves responsible for this, to the extent to which they have gone in pauperizing the clergy and in not taking the clergy into their confidence. It would be well, therefore, if our societies could hold open meetings to which the editors, preachers and lawyers could be invited; in which meetings a full discussion of the sociological relations and effects of the sociological relations and effects of physician's work could be discussed. We medical men have a great work to do and if we can only get together in such a way as to lay aside any petty jealousies, due to local competition—enough to recognize the good in each other's natures—we shall be benefiting not only ourselves but also our communities and our state. It is a short sighted policy for a man to buy patent medicines of his druggist for all his petty ills, and then have only the physicians thus impoverished by being deprived of a normal income to treat him for his serious diseases. We physicians can't buy new books, new instruments, or go to post graduate schools unless our incomes are sufficient to keep our families from hunger and rags.

DR. H. R. ROSS, of Sterling, Kansas, has kindly contributed the *Wichita Journal*, January to May, 1903, to the University Library.

THE ACADEMY of Medicine of Coffeyville, Kansas, has the following membership: *President*, T. C. Frazier; *Secretary*, J. W. Ryan; fellows, G. J. Tallman, J. A. Wood, W. H. Wells, W. C. Hall, W. T. Shipp, Emil Kuder.

DR. MACCORMACK suggests that members of local societies hire a common collector and pay him, say, $30 a month. This system would obviate the necessity for black lists and would also promote mutual good feeling. Let's try it.

IN THE examination of fecal matter for parasites, the possibilities of food substances assuming the form of various worms must be considered. Such simulacra are commonly produced by the fibro-vascular bundles of bananas and other fruit.—C. E. McC.

OUR CONSTITUTION is modeled on New York's and now New York has abandoned hers as impracticable and is adopting the uniform system of the A. M. A. We wish that every Kansan interested in the welfare of our profession would read the constitution printed in this issue and write us his opinion of its adaptability to Kansas.

THE ASSEMBLY HERALD, the official organ of the Presbyterian church, prints the advertisement of Ayer's Cherry Pectoral, Jayne's Tonic Vermifuge and Horsford's Acid Phosphates. This would not happen if the editors of that paper were the Christian statesmen they should be, nor would it happen if the physicians who are loyal workers in that church should each for himself enter a protest. Religion and quackery should be divorced.

THE DISTRICT and the State Societies have more to do with scientific discussions, the county societies with the material advancement of the profession. The getting together of local competitors in friendly council will do more to promote the well being of the medical profession than any amount of state legislation. Therefore it should be the chief duty—the first object—of every district and state society to organize the counties within its boundaries. We hope that the Southeastern and Southern societies will work energetically along this line and begin this work at once. The First District Society has still some unorganized territory. The territory occupied by the Golden Belt would be greatly benefitted by strong county organizations.

ANNOUNCEMENT OF THE WESTERN MEDICAL JOURNAL.

It is with pleasure we announce to our patrons that we have completed arrangements for the consolidation of *The Western Medical Journal* with THE JOURNAL OF THE KANSAS MEDICAL SOCIETY. We are confident that this change will prove satisfactory to our friends and to the mutual advantage of all concerned. The publication of a medical journal entails much thought and careful work and we feel that by this combination our subscribers and advertising patrons will receive a better journal and more satisfactory returns from their advertisements. THE JOURNAL OF THE KANSAS MEDICAL SOCIETY will reach almost every physician in the state and the profession will always find us ready and willing to do battle for their common good. The policy, as in the past, will be the upbuilding of the medical profession and the exposure of the quack and charlatan. The managing editor, Dr. George H. Hoxie, is well qualified to look after the interests of the JOURNAL and with proper support will make the new JOURNAL, combining as it does all the Kansas Medical journals, one worthy of the support of every Kansan, and one of the best local journals in America. A. J. ROBERTS,

Editor of The Western Medical Journal.

WHAT IS INSANITY, IN LOWER ANIMALS?

L. E. SAYRE,

Dean of the School of Pharmacy of the University of Kansas.

There is a certain peculiar physical condition to which some of the lower animals are susceptible, characterized among the stock and ranch men by the term "crazy." For the English word, "crazy," however, the Spanish word, "Loco" is sometimes used. A horse in this condition, for example, is said to be "locoed." Not unfrequently we hear the term, on the ranch, "Plumb Crazy," referring to an animal of a herd in the said condition.

What is meant by this condition in the lower animals is somewhat difficult to ascertain. In man we judge of such a condition by his speech and actions. Speech in the diagnosis in animals has long ago been eliminated since Baalam's time. As to the actions

The plant here referred to is oxytripus lamburti. The loco weed of Kansas is astrayalus mollissimus It should be stated that there are many plants belonging to the genus astrayalus, named crazy weed because of this alleged poisonous property.

there is an immense variety of symptoms, and contradictory statements concerning, noted by the different observers, which, to them, conclusively point to this condition of insanity. The most common one spoken of takes the form of illusions, a false interpretation in the preception of the real sensorial impression, so to speak. A locoed steer is reported to have been without water for several days. It comes to a tank where it usually drinks water but is unable to obtain it through fear of falling into the tank. It drinks readily from a bucket. A straw, stick or shadow across his path may cause a locoed horse to sheer violently to one side or jump several feet high in order to clear the obstacle. If allowed to stare at it a few moments the horse may pass it as usual. Crazy horses are said to be subject to fits, liable to occur when the animal is working and the day is warm. During a paroxysm the animal is said to be delirious, may rear and plunge violently and then fall to the ground. The eyes roll in their sockets, exposing the whites.

In a recent Bulletin (Bulletin No. 45) issued by the Montana Agricultural Experiment Station, the symptoms are described as follows: "The loco is a slow poison and appears to affect primarily the nervous system, so that animals addicted to the habit become stupid, wander from the herd, step high, their eyes are glassy, their front teeth grow long and become loose, their coat becomes shaggy and they seek the loco weed *and will eat nothing else if it can be obtained. They not only eat the plant itself, but dig for the roots with their hoofs. They appear to have false ideas of form, size and distance and horses in particular when they get hot or exhausted are apt to become frantic, hence the term 'loco' or crazy has been applied to the disease. Moreover, the effects are usually lasting and no remedy has yet been found. Horses are permanently injured, as their "crazy spells" disqualifies them for hard work and but few cases of recovery from the effects of the poison have been noted. Sheep left on the ranges where the loco is found become worse and worse, their teeth become black and loose, they eat nothing but loco and they finally die from sheer inability to obtain sufficient food and water to sustain life. Once the habit is fixed, if left on the range they never recover, although they may linger along for several years before death, so that many of the stockmen kill all the animals affected on the approach of winter, rather than to attempt to care for such hopeless cases."

This sounds to me like a voice from the grave. Fifteen years ago I spent some time in northern Colorado, where sheep were reported as dying by the hundreds from the effects of Loco. On inves

tigation, however, the cause was found to be due to parisitic worms, and in every case since then I have been unable to trace back these popular symptoms to any real foundation.

The question of loco disease has been for years an enigma to physicians and scientists generally. The disease itself is unsatisfactorily defined and the immediate cause of it is even less satisfactorily pointed out. That it has some more or less remote connection with the one or all of the so-called loco weeds is generally admitted, but not as yet scientifically proved.

This disease is certainly unsatisfactorily defined by the use of such a loose term as crazy. Imperfect vision, a feeble and straggling gait, occasional convulsions, stupidity, glassy eyes, etc., etc., do not indicate insanity necessarily; all these symptoms may result from brain lesions such as occur in anemia, cerebral congestion, inflamation of the brain or its membranes, or the membranes enveloping the spinal cord; and any or all of these symptoms do occur in so called forage poisoning (or poisoning from foul drinking water) among horses and in many states where the loco weed never thrives, as, for example, in Delaware, Maryland, Virginia, Pennsylvania, etc. Briefly, we should like our Western Veterinarians to tell us just what they mean by the term "crazy" when applied, for example, to a horse or a steer. When we have arrived at a satisfactory scientific and definite statement of the characteristic symptoms which are developed by the particular loco weeds we will be taking the first step to the solution of the loco problem.

The chemists have told us that they are unable to find in the loco plant a toxic principle or any principle that would account for the so-called craziness, and we are foaced to retrace the steps of our investigation and ask our veterinarians and pathologists generally to determine more definitely the loco disease.

SYPHILIS.*

MAYER SHAYER, M. D., LEAVENWORTH, KANSAS.

Syphilis is a contagious inocuable constitutional disease resulting, no doubt, from a specific microbe, though positive proof is still wanting and by hereditary transmission. Introduced by direct in-

*Read before the Leavenworth County Society, Jan. 25th, 1904.

oculation into an abraded surface with the secretions of the primary or seconary stage, indirectly from dental instruments, towels and drinking cups for public use. During the eruptive period persons may be inoculated by the saliva and semen when there are mucus patches or other lesions; also by the blood of syphilitics. Discharges from tertiary lesions are not inoculable. In from ten days to three weeks after inoculation, rarely before the 10th day, the initial lesion appears as a papule, erosion or an induration. The chancre, in men on the sulcus near the frenum, meatus, urethra or skin on the penis, in women on the labia, furchette, cervix uteri etc. Extra genital chancre may appear on any surface of the body. The essential characteristic of the chancre is the induration, which is movable, rising above the surrounding surface and to the touch as a cartilaginous button beneath the skin.

The chancre often causes a deep ulcer having a grayish membrane. The ulceration usually heals in a few days, but may persist for a long time. The erosion or common form is characterized by a dull red color and a smooth polished surface with a slight discharge and sometimes a greenish membrane covering it. The inguinal lymphatic glands enlarge the first or second week.

The differential diagnosis of chancre and chancroid.

CHANCRE.	CHANCROID
Origin: Inoculations with lesions and the blood of syphilitics.	Origin: Inoculation with the discharge of a chancroidal sore.
Always constitutional.	Always local.
Incubation, from ten days to several months.	Incubation, as soon as the third or fourth day, but has no definite period of appearance.
Number, usually single.	Number, usually multiple.
Situation, may appear on any part of the body.	Situation, usually on the genitals.
Induration, always present.	Induration, only exceptionally present.
Sensibility, rarely painful.	Sensibility, nearly always painful.
Course, usually heals rapidly.	Course, the healing process is slow, irregular and relapses common.

Secondary Syphilis—Constitutional symptoms are those appearing during the first year or two, though the symptoms may be so mild as to escape the notice of the patient and therefore it must be remembered that the first manifestation of constitutional syphilis may be the late deeper ulcerations of the secondary or the visceral of the tertiary and it is a good plan in case of a suspicious sore to have the patient look himself over carefully every day.

Soon after the appearance of primary lesions, there may be a rise of the temperature but not sufficiently high to be noticed by the patient; on the other hand there may be a sharp rise to 102 or 103 Fahr. There is a general aching, anæmia, loss of appetite, headache, later on loss of bodily weight and enlargement of the lymphatic glands after the fifth week.

The roseolais the commonestearly eruption occurring as a small reddisn brown patch from the size of a pin head to a bean, the rash may be profuse or very scattered, this form appears on the anterior aspect of the body usually the trunk and arms but may appear on the posterior part of the body: they disappear after one or two weeks but may appear again.

The second commonest form of eruption is the papular, brownish in color and having a smooth surface. The papulæ attain their full size in about six or eight days, this form occurs on the face and trunk also on the plantar and palmar surfaces; it is chronic in its course and frequently relapses. The papulo-squamous syphilide, there is more or less desquamation, the scales are somewhat loosely attached and when removed the papula may be seen below. The papulo-squamous syphilide on the palms of the hands or soles of the feet is nearly pathognomonic of syphilis.

Pustular syphilides are large or small. When the lesion first appears the pus is above the true skin, but later they form deep ulcers, when the pustular eruption heals there remain copper colored spots which persist indefinitely, this form of syphilis appears on the face, back, arms, hands, legs and scalp. The most rapid and satisfactory form of treatment in this variety is by the hypodermic injection of increasing doses of the bichlorid of mercury.

Syphilitic alopecia appears about the third month but may appear later, there may be partial or total loss of the hair but the prognosis is good except when the hair follicles are destroyed as in ulcerating lesions.

(Continued next month.)

CASE REPORT.

CARCINOMA VENTRICULI.

George Howard Hoxie, A. M., M. D., Professor of Anatomy in the University of Kansas.

I wish to report this case, first, because two or more physicians failed to recognize the condition; and second, because it is one of those cases designed in the text books as unusual.

Butler* quotes with approval, Addison's description of pernicious anæmia as follows: "It makes its approach in so slow and insidious a manner that the patient can hardly fix a date to the earliest feeling of that languor which is shortly to become so extreme. The countenance gets pale, the whites whites of the eyes become pearly, the general frame flabby rather than wasted, the pulse perhaps large, but remarkably soft and compressible, and occasionally with a slight jerk, especially under the slightest excitement. There is an increasing indisposition to exertion, with an uncomfortable feeling of faintness or of breathlessness on attempting it; the heart is readily made to palpitate; the whole surface of the body presents a blanched, smooth and waxy appearance; the lips, gums and tongue seem bloodless, the flabbiness of the solids increases, the appetite fails, extreme languor and faintness supervene, breathlessness and palpitation are produced by the most trifling exertion; some slight œdema is probably perceived about the ankles; the debility becomes extreme; the patient can no longer rise from the bed; his mind occasionally wanders; he falls into a prostrate and semitorpid state, and at length expires; nevertheless, to the very last, and after a sickness of several months' duration, the bulkiness of the general frame and the amount of obesity often present a most striking contrast to the failure and exhaustion observable in every other respect."

Again, Butler‡ says, "Ordinarily the initial symptoms (of cancer of the stomach) are gastric oppression and eructations after eating, anorexia (a valuable symptom), nausea, occasional vomiting, constipation and pain; and some cases present the features of pernicious anæmia."

Struempell tells us that many cases of cancer of the stomach have been mistaken for pernicious anæmia. And I have seen so good a diagnostician as Professor Eichhorst lecture on pernicious anaemia

*Diagnostics of Internal Medicine, page 910. ‡Op. cit., page 766.

and use as the illustration a case at the post mortem of which there was found a rectal cancer. Struempell says that some cases of pernicious anæmia present an atrophy of the small intestine at the autopsy.

These prefatory remarks will show the value of the autopsy in the following case:

W. E. T. Aet. 54. Seen first August 28, 1903. *History*: The first history obtained was practically negative, simply giving the onset of the disease as twelve months before, with a persistent diarrhœa from the weakening effects of which the patient never rallied. Later the patient recalled an attack of stomach trouble while living on the frontier in Washington Territory several years before. At that time the patient had had intense pain in the left hypochondrium, and was kept in bed and treated by his wife for two weeks. Again he had suffered intensely from a bowel trouble some three or four years before while out on a hunting trip. Finally the patient owned up to having had a capricious appetite, which had lately showed a liking for sour things. Finally, after two months' questioning, it was learned that since the spring of 1901, the patient had been gradually losing weight and strength.

The family history was good.

The present illness had been acute since the fall of 1902 and the patient had tried to find relief by consulting an osteopath, a regular, and a homeopath, all with no permanent success. The osteopath had diagnosed a liver trouble; the regular, tuberculosis of the bowels and the homœopath, catarrh of the stomach.

Symptoms.—The chief complaint was a pain in the stomach whenever any nourishment was taken. For this reason the patient had been kept on graham wafers and milk for two months. There was an ache under the lower angle of the right scapula, which prevented the patient from resting well at night. Patient coughed and spat up considerable thin whitish mucous, especially after eating.

Examination.—Patient was extremely emaciated, the abdomen showing clearly the contour of the posterior wall. He could walk with a little help, but could not sit up the entire day. The right lung showed rales between the sternum and nipple. The heart sounds were regular, pulse 104. The temperature was 98. The epigastrium offered a resistant leathery feel to the palpating finger. There was tenderness in both the right and the left hypochondrium under the costal cartilages. Sometimes a tumor resembling a splenic tumor could be felt on the left side. The urine was scanty and concentrated, no albumen. The bowels had a tendency to diarrhœa and had been kept inactive by the attending physician. The skin pre-

sented none of fallowness characteristic of cancer, nor the waxy appearance of pernicious anemia.

These symptoms led me to think that it was a case of secondary anæmia due to atrophy of the small intestine, in Struempell's sense, the tendency to diarrhœa making me think that the intestine rather than the stomach was the primary seat of the disease, I therefore put the patient on as strong diet as possible, feeding him every two hours on eggs and cream, liquid peptonoids, meat broths, bovinine, etc. With the food I gave pancreation and oxgall, as well as stomach digestants. He responded nobly to the treatment, the pain in the stomach and eructations ceased, the abdomen began to fill out, the bowels moved regularly once or twice a day, and his sleep was so much better that he roused his attendant only once or twice a night and the rales in the lung disappeared. On September 27, I examined his blood and found the hemaglobin 60-70 per cent, the red corpuscles numbering about 4,000,000, but with considerable of poikilocytosis. His condition continued about the same with just enough improvement to baffle me until the last of October when a severe diarrhœa set in, the stools showing changed blood. This was checked with sulfocarbolates and bismuth subnitrate. Now occurred a marked change; he grew rapidly weaker, attacks of hiccoughs were frequent and he became so emaciated that he could not sleep in any one position but must be turned frequently during the night. The pain under the points of the scapulæ also returned. The hiccoughs disappeared each time bovinine was given. Massage helped the pain. The diarrhœa returned as soon as the astringents were stopped. The pulse became small and weak, the temperature constantly subnormal, reaching at times 95 2-5. The patient died November 7 at 3 a. m. without pain—simply sinking away.

An autopsy was made by Dr. E. Smith and myself three hours later. The rectum discharged liquid matter as soon as the body was moved. The principal study was centered in the abdomen. The liver, spleen and kidneys seemed normal (macroscopic). The omentum was in a mass between the stomach and transverse colon. The left adrenal body was enlarged, but degenerated into a mere shell. (The microscopic examination showed nothing more than a degeneration of the cells.)

The stomach was bound down to the transverse colon and to the posterior wall. Its walls were thickened and hard to cut. Its size, (externally) seemed normal. The accompanying half tone presents a cross section one and one half inches from the pylorus, showing the thickness of the walls and one of the ulcers. There was a ragged

CROSS SECTION OF THE STOMACH 1½ inches from pylorus. Natural size. CT—Transverse colon. LV—Lumen of stomach. F—Fungoid masses in ulcer. Is will be noticed that the wall was perforated but that the lining serous membrane (at "top") was still intact.

edged ulcer at that point and another on the greater curvature opposite the cardia, from both of which hung fungoid, dark colored masses. The mucous membrane had disappeared except in a few patches in the fundus. The microscopic examination showed the walls near the two ulcers to be completely infiltrated with carcinomatous masses. The rest of the walls was sclerotic.

The duodenum seemed normal. The lower jejunum and all the ileum presented an atrophic mucosa. The mucosa of the jejunum exhibited a hemorrhagic infiltration, looking almost as if snuff had been spilt on it. The ileum showed an alternation of stoenoses and dilatations. The stenosis near the ileo-cecal valve hardly permitted the passage of a lead pencil. The mucosa in the stenoses seemed more nearly normal, but that in the dilations was in the last degree atrophic and the entire wall was paper thin. The colon seemed normal.

The mesenteric glands were swollen and their adenoid tissue increased. Between the stomach and the transverse colon were nodules a half inch in diameter. These showed carcinomatous infiltration.

Evidently the case was one of chronic gastritis leading to ulceration and finally to cancerous degeneration. But how about the intestine? What caused the atrophy?

My thanks are due to Dr. Smith, and also to Mr. M. W. Blackman, instructor of histology at the University, for assistance in studying the specimens.

SEX DETERMINATION.*

C. E. M'CLUNG,

Dean of the School of Medicine, University of Kansas.

Since the time when the first herdsman saw the advantage of a prepondance of female cattle, and the first ruler the necessity of a male offspring for the perpetuation of his dynasty, the question of sex determination has been a very live one. And, as ever, the perplexed ones have gone to the physician for a way out of their difficulties. That some doctors have not faltered before the problem is plain enough on inspecting the files of any medical journal. But how disquieting it would be to the anxious future parent to find that practically every writer has his own plan, and that no two of them agree! In some form or other the ideas of sex segregation on the two sides of the body, the relative ages of the sexual products, the "comparative vigor" of the parents, or the nutrition of the mother appear in the theories of sex determination ordinarily advanced. Almost invariably the theorist is positive that he has the only correct solution of the problem.

As a matter of fact we are forced to admit that we know little about the means by which sex is determined, and less about how to control the process. A few facts are known and generally understood. For instance, it has been determined that the embryo is produced by the fusion of the male and female germ cells, that the resulting offspring in any large series occur in the ratio of about 105 males to each 100 females, and that in the case of identical twins they are both of one sex. From these we draw the conclusions that it may be possible for either or both germ cells to influence the sex of the offspring; that apparently the law of chance determines sexuality; and that once established in the embryo, sex is fixed.

The problem may be approached in three ways: first through empirical observations, second by experimental means, and third by morphological studies of the processes of germ cell formation and fusion. Using the first means, stock raisers have advanced a number of theories, best known of which are those Thury and Duesing according to whom impregnation of the female shortly after the liberation of the ovum from the ovary will produce a female offspring,

*Abstract of paper read at the October, 1903, Meeting of the First District Society

while on the contrary an old ovum will give rise to a male embryo. Similarly the relative ages of the parents or their comparative vigor have been considered determining factors.

Biologists have freely used the second method, that of experimentation. The results thus obtained have led to the belief that the character of the food supply in the case of the male parent, the female parent, or the developing embryo is instrumental in deciding the nature of the sex in the off-spring. Best known is the work of Yung upon tadpoles. This experimenter asserts that the normal proportion of 57 females to 43 males could be changed to a ratio of 92 females to 8 males by a more nutritious diet: Similar results were reached by experiments on caterpillars. It must be observed, however, that the valdidity of these results is entirely open to question because of inherent faults in the methods employed.

Morphological studies upon the germinal elements have given us more precise ideas of the possible means of sex determination, without, however, affording us any means of control. Some of these facts are interesting and very suggestive. Concerning the time at which the germ cells are set off from the body cells, we know that in one case this may be noted when there are but two cells in the dividing egg. In another instance at an even earlier time it may be told which sex will develop from an egg. This is a most interesting case, and apparently it is unquestionably true. In a certain worm the eggs are always of two sizes. The development of these was observed, and it was found that always the large eggs produced females and the small ones males. My own observations, which are corroborated by other investigators, demonstrate the fact that there are in the Arthropods, two categories of spermatozoa produced in equal numbers in each individual male. I have ascribed the difference to sex potentiality, but as yet have no direct proof in support of my views. The majority of investigators on this subject at the present time are strongly inclined to the belief that the egg when fertilized has its sex determined, and that subsequent influences cannot change what is thus established.

From the facts as stated it seems to be safe to conclude that the sex of an individual is impressed upon it at the time of its beginning; that the means of thus establishing sex probably varies in different animals; and finally that we have no means of controlling this determination.

The Journal

OF

The Kansas Medical Society

A MONTHLY MAGAZINE FOR THE BENEFIT OF THE PHYSICIANS OF KANSAS

GEORGE HOWARD HOXIE, A. M., M. D.,
Editor and Business Manager,
900 Tennessee Street, Lawrence, Kansas.

Publication Committee.
DR. C. S. HUFFMAN, *Columbus.*
DR. L. H. MUNN, *Topeka.*
DR. W. F. SAWHILL, *Concordia.*
DR. R. A. ROBERTS, *Kansas City.*

Printed by THE GAZETTE UNION LABEL Lawrence, Kansas.

Volume IV | March 1, 1904 | Number 3

SYPHILIS *

MAYER SHOYER, M. D., LEAVENWORTH, KANSAS.

(Concluded from last month.)

Tertiary or late stage, is the period of constitutional syphilis occurring about the beginning of the third year. But a sharp line can not be drawn between the secondary and tertiary period. The lesions of this stage are deep ulcerations, destruction of the hard and soft palate, destructive ulcers, perforation of the nasal septum, destruction of the cranial bones, serious lesions of the brain, spinal cord, heart, and the other visceral organs.

Treatment of the chancre—If seen early and the location favorable the chancre may be excised with the hope of preventing syphilis, (Case, typical indurated chancre situated on the prepuce, circumcision and at last report eight months after the circumcision no evidence of syphilis had been noticed.) The chancre may be de-

*Read before the Leavenworth County Society, Jan 25, 1904.

stroyed by caustics, nitric acid, the sore first being surrounded with vaseline so as to prevent injury to the healthy tissue, stick silver or actual cautery but this severe treatment is hardly necessary, as the sore will soon heal under mild local treatment in from one to three weeks. The chancre is bathed with hot water and castile soap morning and evening and the application of either the following, europhen, calomel, picric acid saturated solution, ichthyol 10 to 20 per cent, balsam peru 90 parts, oleum ricini 10 parts, or weak solutions of argentum nitrate.

The mucus patches in the mouth are treated by the local application of silver nitrate, hydrogen peroxide, potassium chlorate, alum water, etc.

Constitutional treatment—Mercury ought not to be given until the secondary symptoms appear, unless a positive diagnosis has been made from the chancre. Mercury and iodine is the treatment for syphilis in all its stages and it is of vital importance to maintain treatment for three years or longer if all the lesions of syphilis are to be eradicated.

Dr. Ringer's Handbook of Therapeutics:—"The phenomena produced by mercury are singularly similar to those which will result from syphilis and the serious symptoms known as secondary and tertiary can be produced both by syphilis and mercury."

The drug is a specific antagonist to the syphilitic virus, probably by reason of its affecting the same organs and tissues of the body on a similar line of action, both poisons mutually destroying each other in the organism, it is certainly capable of bringing about a radical cure of syphilis, if introduced into the system in considerable quantity and its use protracted over a very long time.

Mercury may be given only when actual symptoms appear.

Mercury may be given for various lengths of time with intervals of complete rest.

Mercury may be given continuously, that is the patient is to be given as much mercury as he can take without detriment to his general health for a period of two years or even longer.

The quantity of mercury to cure syphilis differs in individual cases and there is no reason why all patients should receive the same dosage. On the other hand there are good reasons for not giving the same quantity of mercury to all, the terrible results of under dosage are apparent on every hand. One patient may have to take three grains a day to produce the desired effect, while another taking 1½ grains a day progresses towards cure equally as well as the first.

If one case demands three or four grains a day give it to him,

but don't give all your patients a quarter of a grain of protiodide after meals and say, "Come back in a few days and let me know how you are," by that time he may have some grave lesion.

Before beginning treatment the teeth should receive careful treatment, the cavities filled and tartar removed, bathing should be frequent, and alimentary tract attended to. Of the preparations of mercury may be mentioned the yellow iodide, bichloride, biniodide, mercury and chalk and tannate. It is advisable to use the same preparation of mercury throughout the course of treatment, unless causes arise for a change to some other preparation or mode of administration. The physician who uses the fewest preparations of mercury and understands their mode of action is far better prepared to treat syphilis than he who uses a different preparation in every case and becomes familiar with the action of none. One quarter of a grain of protiodide of mercury is given one half to one hour after meals and is increased one pill every day until the desired result is obtained, that is, the disease yields to the treatment. The mercury is maintained at its maximum until there arise symptoms calling for its reduction, perhaps one half of the maximum will be the curative quantity of mercury to be given, it may be only one fourth or it may be three fourths of the maximum dose, the curative dose whether it be one fourth or one half or three fourths of a maximum is the quantity to be given during the treatment.

Symptoms calling for the reduction of the mercury are fœtor of the breath, watery diarrhœa, griping pains in the abdomen, tenderness of the gums, sensitive teeth and hyper-secretion of the saliva.

If the disease is yielding to the treatment, the appetite improves as does the general health. The increase of bodily weight is a favorable sign. Inunction:—The unguentum hydrarg. 20 to 60 grains as a daily dose, each dose may be put up in oiled papers, when used the mercury is added to an equal portion of medium warmed vaseline. The regions of preference for the inunctions are the abdomen, back, inner surfaces of the thighs and arms.

The patient is to take a hot bath before commencing treatment and then once or twice a week. The same underclothes are to be worn day and night and to be changed only when the bath is taken.

Hypodermic: This method of treating syphilis may be used where a rapid effect is desired as in lesions of the face and scalp or where the internal medication has caused gastro-intestinal irritation or again when using the continuous treatment and it is desirable or compulsory to give the stomach a rest. The injunctions are given in the sub scapular or gluteal regions, rigid asepsis and deep injec-

tions must be used to avoid abscesses; burning pain follows the injection but is not severe enough to discommode the patient.

The following formula will be found convenient:

Hydrarg. chlor. corros. gr. 4.8.
Sodi. chloridi gr. 3.5.
Aquæ bullientis distillatae oz. 1.

M. Sig. 15 minims of this solution represent $\frac{1}{8}$ gr. of bichloride of mercury.

The injections are used every day, the maximum daily dose is $\frac{1}{2}$ gr. of corrosive sublimate. Syphilitic lesions yield rapidly to this manner of treatment. Potassium iodide, this is used about the commencement of the third year, but may be of service as early as first year.

The iodide of potash acts on the lymphatic system and promotes absorption of morbid products and from clinical experience it is almost of specific rank in tertiary syphilis. The initial dose is from 5 to 30 grains largely diluted, one half or one hour after meals.

Potassi iodidi oz. I.
Syr. aurantii cort. et aquæ oz. II.

M. Sig. 15 drops in a glass of water one half hour after meals and increase one drop every day until the physiological action of the drug manifests itself.

The iodides are frequently of service during the secondary stage and may be used in conjunction with the mercury viz., the protiodide one half hour before meals and the iodide of potash one hour after meals. In purely gummatous deposits it is not necessary to combine mercury with the iodine, but for the expected late stage (tertiary) where lesions may appear either superficially, deep or not at all, or if the secondary symptoms have been severe or prolonged, the mixed treatment is to be used.

Hydrarg. bichloridi gr. 2—4.
Potassii iodidi dr. 2 to oz. 1.
Ammonii carbonatis gr. 15.
Aquæ. et syr. aurantii cort. qs. ad oz. 2.
M. Sig. Teaspoonful in a glass of water after meals.

No person having contracted syphilis should marry within a period of three or four years from the initial sore and then only after having been subjected to a vigorous course of treatment.

The object of this paper is to impress the reader that it is of vital importance to give large doses of mercury and iodine and to maintain treatment for a long period of time.

TREATMENT OF THE CHANCROUS STAGE OF SYPHILIS.*

DR. HUGH WILKINSON.

Professor of Physiology in College of Physicians and Surgeons; Physician to Kansas Blind School; Assistant Surgeon to Bethany Hospital; Secretary of Wyandotte County Medical Society.

Ordinarily, as we all know, an attack of syphilis is ushered in by a characteristic sore called a chancre. I say ordinarily, it is always and invariably true, though we may not always be able to demonstrate the characteristic lesion. This chancre is followed in the course of time by other well known symptoms of the disease which show that the poison has entered the general system and is causing those disturbances.

As a rule the character of the initial lesion or sore is such that we can say almost positively that it is a chancre, and will, sooner or later, be followed by general symptoms. But however skillful the diagnostician, if he always depends on the appearance of the initial lesion for his final diagnosis, he is, sooner or later, going to make some disastrous mistakes.

This brings up the question, Shall we or shall we not begin the anti-syphilitic treatment the moment we see a sore presenting chancrous appearances? And it is the hope of exciting discussion on this point that suggested this subject to me.

When I left school it was my belief that we should always and invariably wait for further manifestations of syphilis than a chancrous appearing sore, before commencing specific treatment. After having seen several such instances and studying them I began to think that there were exceptions to this rule as to most other rules. At present I am of the opinion that each case is a law unto itself and that one must use his own judgment about each of them, without any hard or fast rule to bind to.

As a general rule however it is a good plan when encountering a sore which looks chancrous, no matter how certain we may feel of our diagnosis, to delay active anti-syphilitic measures until more symptoms appear to verify our opinion as to chancre.

A case at present under observation by me shows the wisdom of this rule which, as I have said, is not inflexible. A young man of good family and with much self pride and respect, came to me with

*Read before the First District Society, October 1, 1903.

a sore and thickening at the urethral orifice. It bore every appearance, nearly, of chancre and more than this, several of the left inguinal glands were nodular as in syphilitic enlargement. No accurate incubation period could be established, however, and he had several chancroids develop on the corona which complicated matters. But the supposed chancre developed long before the appearance of the chancroids, and remained, and is remaining, long after. This young man was very anxious to be rid of his affliction and I was so sure of its nature (chancrous) that I was more than half inclined to overstep my usual rule and put him on vigorous treatment. Better judgment prevailed and I assured him that we must wait for further evidence of the disease and explained to him the reasons. It has now been at least two and one half months and the thickening had all but disappeared when I saw him, I can find no further glandular enlargement, though the original adenopathy remains to a less degree, and no more general manifestations have showed themselves.

Now naturally, my faith in the diagnosis of this case is wavering a little and I am thankful enough, at least for the present, that I did not put him on the syphilitic medication as I at first thought of doing. You might say, "Suppose you had of put him on that treatment what would be the harm?" It would have been this way. He would probably have improved just as he has with no treatment and I would have been under the impression that he was a syphilitic and that my treatment was causing the improvement and the man would have gone through life with that supposed taint attached to him—anything but a pleasant idea. I don't mean to say that he is now out of danger, for the disease may be present in a latent or unrecognizable state ready to burst forth with mild or violent manifestations at any time.

The only excuses I can see for treating a chancre unbacked by further evidence of syphilis by anti-syphilitic methods is when it is a positive local danger or a great disfigurement, as on the lips or when it takes a phagedenic course and we are reasonably sure of its nature from appearances and probable source of infection.

A case which came under my care at Bethany Hospital during the recent flood in our city, and which is still under vigorous treatment illustrates this side of my topic.

A twenty year old boy had been under the care of a homeopathic physician for several weeks for an immense, destructive sore on the upper lip. It had been curretted and cauterized and he had three homeopathic vials of cute little pills which he had been taking when I saw him first, some ointment had also been used. He was in a

horrible shape both locally and generally. The ulcer was about the size of a half dollar or a little less and was projecting a great deal. It seemed to include the whole labium and some besides. He had local glandular enlargement besides two or three pustules with rupoid crusts. He admitted kissing women of doubtful character, a diagnosis of chancre was made at once and non-homeopathic doses of protiodide of mercury given and increased with addition of mercuroid ointment in absorbent places of the body. The local sore and pustules were treated with bichloride of mercury washings, dried and dusted with calomel and covered with resinol. Inside of three weeks all the sores were healed and the boy was in much better shape generally. He has since suffered much from various constitutional manifestations and more particularly joint and other rheumatoid troubles. But the point I wish to make is the importance of immediate vigorous treatment in some cases of chancre. This boy was soon safe from what at the time was a dangerous sore. The lip is badly notched like a hare lip but can be much improved by an operation similar to those done in the milder cases of hare lip.

In this case the evidence was overwhelming in favor of chancre. Still there might have been some doubt. But the misery and destruction were so great it was plainly the doctor's duty to use vigorous specific measures, in spite of a rule to the contrary existing. The results you have just heard.

These points may seem of minor importance to some, or possibly of an elementary nature to some of those better versed in syphilology. But I can assure you that they are of inestimable importance and that one should hesitate long and ponder deeply before pronouncing a sore a chancre and treating it as syphilis with no other evidence of the disease than the sore itself.

The wise men of the age in syphilology have talked and written on this point with endless detail. Mr. Jonathan Hutchinson, truly one of these wise men, believes in the early use of specific remedies in the class of cases I mention, He assures us that "under the prompt employment of mercury and its subsequent use the so-called secondary stage may be suppressed or rendered abortive." All this may be true, another man says, but how does he know when the disease is suppressed but that the sore was not a chancre but a simple sore which would have healed spontaneously in time, as one of my cases seemed to have done. Or, again, suppose it was a true chancre healed by the treatment; that patient is in vital danger in later months or years of a furious outbreak of gummatous lesions.

Mr. Hutchinson is, of course one of the ablest men on syphilis, but the wisest are liable to great mistakes when it comes to the diagnosis of a single chancrous looking sore. Several experiences of the eminent French syphilographer, Fournier, which I have read about would convince you of this fact.

So in conclusion I would state my present opinion on this point in syphilis as follows:

On the discovery of a suspicious sore, study it carefully and come as near to an accurate diagnosis as possible, looking for other convincing signs of syphilis, more particularly a general adenopathy and eruption. If nothing but the sore is present to go by, assure the patient that the right thing to do is to await developments, in the meantime using only cleanliness and palliative measures for the local sore and such tonic treatment for the general system as it may need. I avoid all so-called abortive methods, such as: cautery, excision, injections, antiseptics, etc. I can't believe an attack of syphilis was ever aborted by such measures.

If the supposed chancre takes on dangerous local symptoms or is an unbearable disfigurement I would overstep the general rule mentioned and go about a vigorous course of general and local treatment, even consider an excision, if it were possible.

I hope for a vigorous discussion of this paper and will take it as a favor if every member will express his or her opinions and experiences.

Dr. J. T. Curtiss of Dwight, Kas., writes: "The constitution, etc., in the February (1904) issue of the JOURNAL is far superior to the befrilled, befurbuloed, beflounced one adopted some two years ago. I think it a thoroughly good, working constitution and by-laws. * * * * I think that the action in regard to the Golden Belt Medical Society is all we can ask. * * * * "

THE LOCO DISEASE.

L. E. SAYRE,

Dean of the School of Pharmacy in the University of Kansas.

In last month's issue of this JOURNAL we referred to some of the symptoms which accompany the disease, among horses and cattle, characterized by the term "crazy" or *loco* (Spanish). We endeavored to point out that the disease has been unsatisfactorily defined by the terms employed. These terms describing the alleged symptoms of "Locoism" might occur in well recognized diseases resulting from brain lesions, which latter occur in so-called forage poisoning and poisoning from foul drinking water, etc.

We are not prepared to affirm or deny that the Loco weed produces a train of symptoms characteristic of the plant. However, of this we are assured, that the alleged symptoms of Loco are not as well defined as they are in the case of such poisonous plants as belladonna, opium, aconite or hemlock. The symptoms characteristic of these latter plants manifest themselves as definite and as a more or less direct action upon some portion of the nervous system. If Loco produces an action of a definite physiological character and if this were pointed out, it would help investigators very materially. Until this is worked out in a thoroughly scientific manner, we are not unwarranted in indulging in what might be termed unscientific speculation, nor are we to be censured if, for the time being we accept, as worthy of discussion, theories which are held by many observers who are worthy of our respect and careful attention.

Let us assume for the moment that the statement very frequently made by a certain class of observers is true; that loco weed is not responsible for symptoms, called by the loosely applied term "loco" or crazy; that the poisonous effect, if any, is an indirect one brought about by some kind of malnutrition; that the animal which feeds upon the plant becomes starved and improperly nourished; that this is the case is affirmed quite frequently. If we take this view of the case, the question we should ask is: "What is the actual food value of Loco?" We have chemically examined the plant with this end in view and have, as a result, concluded that if Loco be non-poisonous it is not a bad stock food.

Authentic material, such as the animal feeds upon, derived from the Astragalus Molissimus (Loco) was sent to the Department of

Agriculture at Manhattan and through the kindness of J. T. Willard of the Chemical Laboratory, we have the following report of the analysis:

Crude protein.....14.73 per cent.
Ether extract..... 2.31 per cent.
Nitrogen-free extract.....40.22 per cent.
Crude fiber.....30.39 per cent.
Moisture..... 6.51 per cent.
Ash ..... 5.84 per cent.

For the purpose of comparison we tabulate the analysis of well-known food stuffs. These analyses were taken from the reports of the Experimental Station of Kansas and those of the department of Agriculture at Washington. The figures represent average composition.

	Per Cent Water.	Per Cent Crude Protein	Per Cent Ether Extract	Per Cent Nitrogen Free Extract	Per Cent Crude Fiber	Per Cent Ash
Loco	6.51	14.73	2.31	40.22	30.39	5.84
Alfalfa, dry	8.4	14.3	2.2	31.4	25.	7.9
Clover, Alsike	9.7	3.9	0.9	40.7	7.4	8.3
Clover, red	15.3	4.4	1.1	31.8	8.1	6.2
Clover, white	9.7	15.7	2.9	39.3		8.3
Clover, crimson	9.6	3.1	0.7	36.6	5.2	8.6
Clover, Japan	11.0	13.8	3.7	39.0	24.	8.5
Timothy	13.2	5.9	2.5	45.	29.	4.4
Corn Fodder	42.2	4.5	1.6	34.7	14.3	2.7
Sorghum	12.8	9.1	3.6	69.8	2.6	2.1
Kafir Corn (field cured)	19.2	4.8	1.6	39.6	26.8	8.
Oats	16.0	7.4	2.7	40.6	27.2	6.1
Bran, wheat	11.9	15.4	4.	53.9	9.	5.8

If we take the view that Loco weed is non-poisonous and that the peculiar symptoms which follow the ingestion of the weed in large quantities for a long continued period be due to a malnutrition or a disturbed condition of the digestive tract we naturally look to a possible mechanical disturbance brought about by one or more of the elements making up the structure of the leaf. This we find in innumerable unicellular hairs which cause the characteristic pubescence of the leaf. These hairs seem to constitute about one-third of the weight and over one-half of the bulk of the powder.

In pulverizing the leaves the first portion which passes through a sieve consists almost wholly of these long, needle shaped, fine

pointed hairs. From the light and spongy structure of these hairs we find a cause of the difficulty of the pulverization of the leaf and also the cause of certain irritating quality that the powder has to the mucous membrance of the nasal passage which follows the pulverization. This irritation is not due to an irritating principle existing in the leaf but due to a mechanical process of the broken, sharp, pointed hairs, which are carried up by the dust. The light and fluffy character of these hairs is remarkable; their specific gravity being about 1-10 that of the powdered cellular constituents of the leaf.

As we have stated, we are now indulging in what might be termed unscientific speculation as a result of the assertions made by certain observers, that the Loco weed is not responsible for the poisonous effects attributed to it. We should state further in this connection, that we find this opinion to be held among a number of ranchmen in the western part of the state. Some of them attribute the disorder to sage brush, common on the western ranges. We frequently hear the term "*saged horses*" or "*saged cattle*" instead of "locoed horses" or "locoed cattle." Still another view is taken; namely, that range fed animals have at best only barely sufficient food to live upon during the winter. In the spring, they are, as a consequence, very weak and very susceptible to aenemic conditions which may be brought about by a disturbance of the digestive tract. This disturbance may arise from the ingestion of various forms of vegetation, even grass may produce it if the animal is brought to the susceptible condition. The system being so weakened it is easy for such disturbance to produce brain lesions.

Finally, there is a theory held by a respectable number, which is, that while the plant itself is non-poisonous, a poisonous organic base or bases are developed during its tardy digestion. In recognition of this view we have artificially digested the contused leaves, and have, as a result extracted from the mass a new crystalline, fatty-like, principle, but this has shown, as yet, no toxic activity We have recently obtained another well defined crystalline substance from the fresh plant. This seems to be neutral in its behavior but has, like some of the glucosides, an acid reaction toward some of the bases. We have obtained this in such small quantities as not to be able thus far to test it physiologically.

Dr. S. S. Glasscock has been nominated by the Republicans of the Tenth District for representative in the legislature.

AN UNUSUAL EFFECT FROM IRRITATION OF THE ULNAR NERVE.*

N. J. SAUNDERS, M. D., CAWKER CITY, KANSAS.

On August 4th, 1902, I was called to see Mr. J. M. T., age 59 years, height 5 feet 10 inches, weight 150 pounds, occupation, hotel keeper. I found him in bed, skin cold and wet, nauseated, had vomited until his stomach was empty, but at least disturbance would attempt to vomit more; radial pulse very weak and rapid, could not speak above a whisper; his clothing was still on him and nearly wet through with perspiration, but it could not be removed as this or any other slight disturbance, even fanning him, would cause him to try and vomit again.

He had been around his hotel that morning as usual, he was a hard worker and very energetic, and was at work when this spell came on and he had to be assisted to his bed. I gave him Atropine Sulphate until his skin was warm and dry and he felt much better. The nausea had stopped and he took some nurishment that evening; he remained in bed the next day and on the third day was up and around his hotel. He said it was a "Bilious Attack," that he had had one several years ago, but for several years he had not had any such spells until recently: they were coming back again.

I had known him for about three years and had always looked upon him as a man in good health. During this time I examined him for life insurance two or three times and always found him sound and well; he said he had had a "Bilious Attack" a couple of years ago. After he had recovered from this spell I have discribed, I obtained from him the following history:

He was a Sharpshooter in the Civil war and on May 6th, 1864, was shot through the right elbow; the forearm was at this time flexed on the arm; the ball entered the posterior surface of the forearm; passed through the elbow joint and came out of the arm above the elbow, and on June 12th, 1864, a surgeon resected the elbow, taking out about three inches of bone, leaving a joint slightly movable; could bring it nearly straight and flex to nearly right angle after the operation. Gangrene set in and the arm was nearly one year in healing; from this time on there was constant pain in the elbow and forearm, often paining him at night. At this time he

*Read at the Third District Society Meeting, Clay Center, Kansas, Feb. 4, 1904.

was a farmer in Vermont and worked hard doing the ordinary farm work.

In 1885 an abscess formed over the olecranon process, (or rather where it should have been), and pieces of bone came out; after this these spells began. In 1896 he came to Kansas, and was better for a while, he did not have the spells nor did he work so hard. But in 1900 these spells began again. He was then working on a farm in Kansas. He had them only occasionally until I was called on the above date. I treated his stomach and nerves, but without effect. I was at this time treating another member of his family, and was at his house daily; I noticed that these spells always followed severe use of his right arm. During the fall and winter of 1902 and spring of 1903 I saw him in several of these spells, as they were coming more frequently and were having a more severe effect on his health. There was constant pain in his right arm, originating in the elbow and a peculiar tingling sensation in the little and ring finger, and his expression shewed long and continued suffering, at this time he had these spells once, and some times twice a week. After trying every method of treatment without any effect, on July 10th, 1903, with the assistance of Dr. F. M. Daily, of Beloit, Kansas, and Dr. M. R. Spessard, of Glen Elder, Kansas, I amputated the arm as near the elbow as I could and get above the scars, which was at about the middle of the humerus. He made an uneventful recovery, has not had a spell or bad sympton since; has no trouble with his stomach, although he eats whatever he wishes and has gained over 40 pounds in weight, and enjoys better health than he has for many years.

After amputating the arm, with the permission of the patient, I dissected the arm about the elbow; the joint was formed by the neck of the radius resting in the trochlear surface of the humerus, making a dry joint. The olecranon process of the ulna had been shattered, and the end of the ulna was broad and between this and the external condyle of the humerus was the ulnar nerve, much enlarged at this point, red and grown fast to the sheath and on account of the changes in the joint it was being irritated between the end of the ulna and outer condyle of the humerus.

This irritation of the ulnar nerve at the elbow was, in my opinion, the cause of his peculiar spells and poor health, as has been proved by the complete absence of the former, and great improvement of the latter since amputation.

Many peculiar reflexes manifested themselves during the time I was treating him. I will mention one which shows the close relation in this case of the stomach and arm through the nervous system:

whenever he took a drink of cold water or hot tea or coffee into his stomach, the chill or burning sensation as the case might be went immediately to his right hand; this lasted for some years previous to the amputation and the same sensation lasted for some months after his arm was amputated.

DR. CHAS. H. ST. JOHN of the Kansas City Homœopathic College, 1896, died at Salina on February 5.

THE EVERGREEN PLACE HOSPITAL COMPANY has sent us a very attractively printed report of the work of the hospital for the past two years. It is a comfort to us physicians to have such a well managed institution in the State.

JAMES RAE ARNEILL of Denver in the issue of *American Medicine* for January 16, shows that the lack of free HCl in the stomach is even more characteristic of pernicious anemia than of cancer of stomach. He seems to incline to the view that pernicious anemia is due almost entirely to an atrophy of the small intestine. See the case report in our last issue.

FROM THE *Journal of the American Medical Association:*—"The JOURNAL OF THE KANSAS STATE MEDICAL SOCIETY has absorbed the *Wichita Medical Journal* and the *Western Medical Journal.* This leaves only one medical journal in Kansas, and though a small publication, it is an able and wide awake representative of the profession of the state. Quality is preferable to quantity, and growth will follow."—Feb. 27, 1904.

WE HAVE received a copy of the first announcement of the Sterling Hospital at Sterling, Kansas. During that year they treated 80 surgical and gynecological cases of which 76 were cured, 1 improved and 3 were still under treatment. Of the 28 medical cases, 19 were cured, 5 improved, and 4 were under treatment. The staff consists of Dr. P. P. Trueheart, Dr. M. Van Patten. Dr. W. C. Burden, Dr. W. E. Currie and Dr. H. R. Ross.

A CASE OF ACUTE BILATERAL FACIAL PALSY WITH COMPLICATIONS.

S. GROVER BURNETT, A. M., M. D.

Professor Clinical Neurology and Physiological Anatomy of the Central Nervous System in the University Medical College; Consulting Alienist and Neurologist to St. Margaret's Hospital; Formerly Assistant Superintendent Long Island Home of New York for Mental and Nervous Diseases and Inebriates.

This case was presented to the Kansas City Academy of Medicine in June 1902, eleven days after the outset of the trouble, because of the peculiarity of the combination of the clinical evidence that made the case interesting from a diagnostic and prognostic point.

History; Male, aged 34, single and a bridge worker. Until ten years ago he never had had any illness. At this time he had some kind of fever lasting six weeks from which he entirely recovered. Also about this time he had an attack of gonorrhoea of short duration. Until ten days ago he had kept at his work. The last day he got warm and perspired freely. The evening was warm and sultry, and at bed time he put his pillow in the window and lay with his head and shoulders fully exposed to the night air. He slept soundly and when he awoke in the morning his eyes felt sore and he could not close them. His face looked strangely to him in the mirror and he found that he talked badly, could not handle his food in his mouth and that everything tasted bitter and water tasted salty. The ears buzzed and he felt some soreness sub-aurally, as he indicated it. On changing his clothes he discovered an eruption all over his trunk and limbs, but not on the face. This was mistaken for small-pox, but the examining physician reported negatively. While waiting for a car his attention was called to the conversation and restlessness of two ladies near him, also prospective passengers. One elbowed the other and whispered, "see that man's wild stare." The other remarked, "that man looks dangerous; he certainly is a lunatic," and they both walked away quickly and did not take the next car.

As the patient related this to me his body shook as one in profound laughter, but his face remained as expressionless as a pad of putty. He was a witty Irishman and thoroughly enjoyed the joke.

EXAMINATION.

Face—The facial expression is lost. Both eyes are staring wide open and the globes rotate upward under the superior lids in attempting to close them. The conjunctiva is injected and he complains of a soreness and stiffness of the external musculature of the eyes. Both nasal folds are obliterated, leaving the face flat and ex-

pressionless. He cannot corrugate the brow on either side. He is unable to coapt the lips firmly, cannot whistle, can't smoke his pipe because he can't give suction power to make it draw. He is unable to chew tobacco or food because it lodges between the teeth and the cheek, though the power of mastication is as good as it ever was. He can't expectorate and at times the saliva tends to appear at the angles of the mouth.

Electric Tests—The general facial musculature responded to 20 m. of the faradic current on the eleventh day after the acute onset of the trouble. The galvanic current gave the normal negative plus response over the positive pole with fifteen milliamperes.

The Ear—He has complained of a buzzing in his ears since his trouble came on but he don't think that his hearing is any less acute than previous to his trouble. He hears the watch on the right side at twelve inches, but the left ear hears it only on contact. Bone conduction on both sides seems normal, thus confining whatever defect there is in the hearing to the ear and excluding disease of the nerve of hearing.

A former omission is that the tongue and palate shared no part in the paralysis, excepting change in taste. While the speech was defective, that defect was that of failure to produce the labial sounds.

Up to this point of the history and examining, Dr. Robert T. Sloan remarked in the discussion, that without further investigating the case he thought that the average well informed physician would not have erred in the diagnosis; but the remaining part of the examination led one into such a mysterious sort of a symptomatic mess (or words to that effect), such as only a specialist would get into, that the diagnosis became more difficult and confusing. For instance:

The eruption which appeared at the onset, covering him "all over," excepting the face and neck, was still present, but beginning to fade somewhat on this, the eleventh day. While "covering him all over" as stated, I do not mean it to be confluent in character. It was, however, a reddened and mildly inflammatory appearance of the skin, varying in size from a small to a large finger nail area, and resembling a herpes short of the vesicular stage; but it was not painful, irritating or itching and without seeing it, its presence would not have been detected.

Reflexes—The eye; abdominal and cremasteric reflexes were normal. The elbow jerk was only faintly elicited. The patella tendon and plantar reflexes were absent.

Sensory—The touch and muscle senses were normal. The pain sense was abolished in the feet and legs, gradually disappearing above the knees. The temperature sense was exaggerated to cold and absent or delayed to heat.

(Continued in next issue.)

SECOND DISTRICT SOCIETY.

THE SECRETARY'S CIRCULAR.

Gentlemen: Oswego Kansas, February 10, 1904.

In calling your attention to the program and meeting of the Southeast District Branch of the State Medical Society, there are several points of interest to be noted. The Secretary of the State Society sent me the names of those in this district who were members in good standing and together with those in good standing in the old Southeast Kansas Medical Society there were one hundred and seven physicians notified. Each county in the district was urged to organize a county auxiliary. So far, but one county has reported as having organized and this was Crawford county which comes forward with a membership of twenty-four. I have understood that other counties are organized but I have had no official report. The secretary of the district society should keep a ledger account of each county society, and not an individual account with each member, and to this secretary, should be sent $2.25 as dues ($2.00 of which is to be sent to the State Society.) If the County Society receives any new member they should charge $5.00, $1.75 of which they retain and the balance should be sent to the District Society. In some of the counties in this district there are too few members to form a society. These belong to the District Society and they should send $3.00 dues for this year.

A number of physicians in this district will receive one of these programs who are not members. This is done with the intention of giving every one a chance to join. On and after the 27th day of February all communications should be addressed to the secretary of the district, care of Dr. J. W. Porter, Pittsburg, Kansas, to whom should be sent the papers of those on the program who cannot attend the meeting. Yours fraternally,

GEO. S. LIGGETT.

Program for Tuesday March 1, at Pittsburg:

Dr. R. R. Hunter, Fulton.....Chemical Examination of Stomach Contents
Dr. Wm. Frick, Kansas City.....A Paper
Dr. M. Coryell, Cato.....Worms
Dr. J. E. Jewell, Moran.....A Paper
Dr. A. Deitrich, Pittsburg.....Bronchial Catarrh
Dr. A. C. Graves, Pittsburg.....Vascular Keratitis
Dr. R. A. Light. Chanute.....Gonorrheal Urethritis
Dr. D. A. Iliff, Cherokee.....Dispensing in Practice
Dr. E. B. Payne, Galena.....A Paper
Dr. R. J. Peare, Pleasanton.....Earache

FIRST DISTRICT SOCIETY.

The second annual meeting was held in Atchison, February 11. The Atchison County Society entertained the visiting delegates and their wives in a very delightful way. This gave a social air to the meeting that was very enjoyable. Dinner and supper was served in the Byram Hotel and the sessions were held in the parlors. The members present were:

C. C. Goddard, Stewart McKee, W. R. Van Tuyl, Leavenworth; P. D. Hughes, Geo. M. Gray, J. E. Sawtelle, R. A. Roberts, Kansas City, Kansas; Geo. A. Hammon, Geo. H. Hoxie, Jas. Naismith, Lawrence: Hubbard Lindley, P. S. Mitchell, G. W. Allaman, W. D. Campbell, M. T. Dingess, C. H. Linley, E. T. Shelly, Lydia Stockwell, Atchison; P. R. Moore, J. F. Preston, Effingham; H. L. Alkire, Topeka; Noah Hayes, C. A. Lilly, Seneca; J. H. McGauhey, White Cloud; G. A. Boyd, Baldwin.

The Society was called to order by the President. Dr. R. A. Roberts. Committees were appointed as follows:

Anditing, McGauhey, Stockwell and Alkire.

Applications, Gray, Hoxie, Blunk.

Publications, Shelly, Hayes and McKee.

Dr. Hoxie spoke of the proposed State Society Constitution, comparing it with the one now in force.

The officers and representatives elected for the ensuing year were:

President, E. T. Shelly.

Vice President, Noah Hayes.

Seeretary, James Naismith.

Treasurer, C. C. Goddard.

Executive Committee, R. A. Roberts, G. H. Hoxie, W. S. Lindsay.

Fellows for the Nominating Committee of the State Society, E. L. Wilson, Sr., Marysville; Lawrence Reynolds, Horton.

Alternates, G. A. Hamman, Lawrence; W. H. Boone, Highland.

Representative Fellows for Counties not organized: J. T. B. Gephard, Valley Falls, J. H. Garey, Wilsey; A. L. Stubbs, Burlingame.

Alternates, A. L. Simonton, Wamego; O. E. Webb, Paxico; W. W. Nye, Hiawatha.

The papers showed a care and thoroughness in their preparation and presentation that spoke well for the scientific interest of the members of the profession. The discussion was spirited and

many good points brought out. The papers will be printed in the Journal.

PROGRAM.

The Chemical Analysis of Urine in Disease.....Dr. J. F. Preston, Effingham
The Value of Antiseptic's in the Treatment of Infected Wounds.....
.....Dr. Geo. M. Gray, Kansas City, Kas
Pterygium.....Dr. Geo. A. Hamman, Lawrence
Acute Inflammation of the Middle Ear.....Dr. J. P. Brunk, Atchison
Puerperal Convulsions.....Dr. M. T. Dingess, Atchison
Cholera in the Philippines.....Dr. W. R. Van Tuyl, Leavenworth
Compound Fracture of the Skull.....Dr. Jacob Geiger, St. Joseph, Mo
Medical Legislation.....Dr. G. A. Boyd, Baldwin

The annual report shows that there has been a marked progress in the membership as well as in the interest in the Society.

At the inception of the District Society there were two county societies in a good working condition and organized in accordance with the state constitution. One was organized after the call of the district meeting. The report shows that there are now nine counties organized.

The membership of the state has thereby been increased by 126.

Leavenworth	had	2	members	of	the	state	society,	now	has 27
Nemaha	"	2	"	"	"	"	"	"	24
Marshall	"	0	"	"	"	"	"	"	16
Doniphan	"	3	"	"	"	"	"	"	10
Douglas	"	9	"	"	"	"	"	"	18

All the other counties have increased their membership to a good representative basis.

JAS. NAISMITH,
Secretary.

AMENDMENTS TO PRESENT CONSTITUTION.

At the Concordia meeting last year the following amendments to the Constitution of the State Society were proposed:

(1). That Article IV, Section 4 of the Constitution be amended so as to read, "The standing committees, except the committee on nominations, shall be appointed by the Council and shall hold office for one year, or until their successors have qualified."

(2). That Article V, Section 1, of the By-Laws be amended so as to read, "The annual meeting shall be held on the first Thursday and Friday of October in each year."

A UNIQUE CASE OF DIPHTHERIA IN WHICH ANTI-TOXIN WAS USED ON THE EIGHTH DAY WITH EXCELLENT EFFECT.

W. V. TUCKER, M. D., HUNTSVILLE, KANSAS.

The patient, Mrs. O., 24 years of age, the mother of two living children and one deceased, and soon to be delivered of another, was taken ill February 1 with sore throat, headache, and rigors. The husband consulted me at my office on February 6, when he said he suspected his wife had diphtheria. Yet, in absence of an epidemic of that disease, and considering the age of the patient, I thought the case must be one of follicular tonsilitis, and gave him the remedies indicated.

To my chagrin I was summoned in great haste on the eighth of February to find my patient *in extremis*, with a facies of despair, and imploring help. A glance at the throat told the tale. The tonsils and pharynx as far down as I could see were covered with a heavy cream-colored membrance which extended to the post nasal region. The patient could not speak above a whisper—a condition that lasted two or three weeks. She was propped up in bed and laboring hard for breath. The pulse rate was 125 a minute, and the temperature 101.5 degrees Fahrenheit.

I realized that it was necessary to do something for my patient, and do it quickly and thoroughly, to save her life and spare myself the self-condemnation that I should suffer in the event of her death. It was then early in the morning and I was not able to procure anti, toxin until 9:30 that night, when I administered 1500 units of Parke-Davis & Co's. anti-diphtheritic serum by injection into the interscapular region. While waiting for the anti-toxin, strychnine and whiskey were freely given to support the patient; inhalation of the steam from boiling lime water, and the fumes of sublimed calomel, were utilized, the latter apparently affording the most relief from the intense dyspenea.

At 2:00 a. m. the next day the dyspnea was very severe. The patient attempted to get up, but became quiet when the calomel fumes were inhaled. A second dose of 1500 units of anti-diphtheritic serum was given at this time. The necessity for intubation or tracheotomy being apparent, I called in Dr. H. H. Heylmun. At the time of his arrival the breathing had improved and the operation was deferred.

At 11:00 a. m., February 9th, the patient coughed up a piece of membrane, ¼ to ½ inch wide and 3½ inches long which evidently was detached from the left tonsil and adjacent region. This afforded much relief and was followed by marked improvement in the condition of the patient. At this time labor set in. Upon examination I found the os dilated to the size of a quarter, and after a speedy preparation and a few vigorous pains an 8-pound male child was born, partially asphyxiated. After some vigorous efforts to establish respiration, the child was resuscitated and proved to be a healthy, lusty infant, and strange to say, never manifested the least evidence of diphtheria. The period of the entire labor did not exceed two hours and was attended with fewer pains and less shock than any case of labor that I ever witnessed.

The little girl, two or three years old, had a mild attack of diphtheria at the time the mother was sick and was given 750 units of anti-diphtheritic serum. She required no other treatment and recovered nicely. The older child—four or five years of age—received an immunizing dose of 750 units, and escaped infection, though she slept with the younger sister and hung about the mother's bed during her illness.

An interesting coincident in this case is the fact that the parents of this patient were twice entirely bereft of children by laryngeal diphtheria, before she was born.

NITROUS OXID AND ETHER SEQUENCE.

A consideration of the subject, based upon the employment of the above method in 450 cases.

L. S. CHAMBERLAIN, A. B., M. D.

Superintendent and Anesthetist of Christ's Hospital; Professor of Gyneology and Anesthesia, Kansas Medical College, Topeka, Kansas.

Upon a monument in a Boston grave-yard erected by its citizens is the following inscription:

WM. T. G. MORTON.
Inventor and revealor of anesthetic inhalation
By whom pain in surgery was averted and annulled;
Before whom in all time surgery was agony,
Since whom science has control of pain.

This true discoverer of the practicability of ether as an anesthetic, placed anesthesia among the three great achievements of the

*Read before the Golden Belt Society January 7, 1904.

last century, which for the direct mitigation by human ills and indirect influence upon the advancement of medical science have no parallels in the history of medicine.

I refer to vaccination, anesthesia and antisepsis.

And now more than a half a century has passed and still this important specialty is yet in its infancy.

Both chloroform and ether have at different times enjoyed the greater favor and each again has been discarded for the other, after some convincing array of statistics, or series of accidents, or reports of commissions by advocates of rival methods. Combinations and mixtures have come and gone. And even now the medical profession, I believe, is just as much at variance, empiricism determining the selection.

But still the cry for a "featureless narcosis" and a "safe" anesthetic goes on.

And why? Because of the prevalent idea that "any one can give an anesthetic."

Usually the most available man, the undergraduate or perhaps the nurse, places the cover off the inhaler over the patient's face and pours on the poisonous drug, as often as not without advice, without training, always paying more attention to the operation than to his work. And in the existence of that idea, to my mind, is the solution of the problem.

The anesthetist, not the anesthetic is at fault.

Nor do I desire to give the impression that even skilled anesthetization is without risk or danger, but it is just and right to give the patient every care and precaution and subject him to as few chances as possible.

How often do you hear the expression, "I do not mind the operation so much, but I am so afraid of the chloroform;" or, "It scares me to death to have to take that stuff."

And unfortunately their opinions and fears are justified in many a case. Who of you but can recall instances in which the poor patient finally lost consciousness after 15 or 20 minutes of anguish and struggling against the threat of imminent smothering; or again when the patient awakes at the first stroke of the knife and the surgeon is compelled to discontinue his work and wait with folded arms until the half-wake patient is put to sleep.

And then again that grave picture, when at the command to "push the anesthetic," the novice unacquainted with the properties of the drug he is administering, not conversant with the various

warnings that nature may throw out, allows his patient to pass beyond the stages of voluntary and involuntary muscle paralysis, when the shallow abdominal respiration, a weak, thready almost imperceptible pulse, at last tells him or the operator that the respiratory muscles and centers are being affected and that dissolution is imminent.

You can readily picture the scene that follows, simple though the operation may have been, and you are now face to face with one of "the accidents of anesthesia."

You will pardon this prologue but to anyone who has given this subject any attention, these facts can not help but be recognized, that every one can not give an anesthetic, and that the method of administration and the skill of the administrator come nearer solving the problem of "a featureless narcosis" than the yet to be discovered "safe" anesthetic. But it was the intention in writing this paper to give the results of my experience in the administration of the gas and ether sequence.

The growing popularity of this sequence anesthesia in this country can be easily seen from the many and varied contributions to our medical literature during the last few years, even though its use was quite general in England and on the continent many years prior to its general use here.

Howard Kelley of John Hopkins in his work on Gynecology makes special note of the fact that his anesthetist takes from 15 to 20 minutes for ether and 5 to 10 minutes for chloroform anesthesia, and yet after the introduction of the NO and ether method in Johns Hopkins says, "In our experience the method has seemed to possess so many advantages to the patient, operator and anesthetist and so few disadvantages to any of these, that it has become an indispensable part of our operative technique, and that it has proven satisfactory can be easily judged from the fact after over 200 anesthetizations with the method, our faith in it, instead of diminishing with experience, has increased a hundred fold."

Dr. G. M. Creevy, anesthetist to the New York Hospital says that gas and ether are more popular than ever in all the New York hospitals and that McBurney, Bull, Weir and others employ this combination except where ether is contra-indicated.

There are a number of inhalers on the market, the one invented by Dr. Orman Goldan is quite extensively used in the east.

I have employed the Bennett apparatus in all my cases.

The only marked advantage it possesses over the Clover-Hewett inhaler is that a sliding aperture has been made leading to the ether

chamber, whereby the anesthetic may be renewed without lifting the inhaler from the face, of decided benefit when the apparatus, anesthetist's arm and hand are wrapped in sterile towels in operations upon the face head or neck.

I do not desire to take up your time with a minute description of the inhaler. Suffice it to say that it consists of a metal face piece with air valves, rubber mouth piece, ether chamber which is loosely packed with gauze, a gas chamber with expiratory and inspiratory valves, the latter being next to the gas bag which holds about two gallons of nitrous monoxid. From two to four drachms of ether are put in the ether cylinder.

The mouth piece is then fitted to the face of the patient, with air valves open and he is instructed "to breath just the same as he always does," the air valves are closed and the valve leading to the gas is opened, the patient is now inhaling the nitrous oxid and exhaling through the expiratory valve, after a few seconds the narcosis is deepened by closing the latter valve—to and fro breathing of the gas now follows, ether is then slowly introduced. When anesthesia is complete, usually in two or three minutes, the gas chamber and bag are removed and an ordinary air bag substituted which is so constructed that the future ether anesthetization may be conducted either by the open or closed method.

The average patient should always be encouraged at the commencement of any anesthetization, but I have found that most of them needed assurance made doubly sure at first sight of the apparatus—formerly I overcame this by placing gauze over the patient's eyes, or by having them kept closed, but since I have employed the method of mentholization of the air passages, I have been able to kill two birds with one stone; so now instead of using the last method in only selected cases, I employ it in all.

You are acquainted with the paresthetic effect of menthol and oil of peppermint on the mucosa of the air passages, and those cases that come to the operating table in a nervous condition or were annoyed with any laryngeal or bronchial irritation, were treated in the following manner, a few drops of the oil of peppermint or a dram of the alcoholic solution of menthol are poured on an Esmarch inhaler and the patient allowed to conduct the inhalation herself.

There follows a marked lessening of bronchial irritation and suffocation, and a considerable abbreviation of the excitement, the latter partly due to the fact that the patient considers this a part of the anesthesia and is relieved in handling the inhaler herself.

The marked reduction in the time required to produce complete

anesthesia, can best be seen from the following table of results:

Nitrous Oxide and ether, 450 cases.

Anesthesia in		1	minute	15	times.
"	"	$1\frac{1}{2}$	"	20	"
"	"	2	"	250	"
"	"	3	"	100	"
"	"	4	"	38	"
"	"	5	"	16	"
"	"	6	"	2	"
"	"	10	"	4	"
"	"	15	"	2	"
"	"	20	"	2	"
Anesthesia in less than 4 minutes				385	"

You will notice from the above table that there were ten cases which took over 5 minutes. By way of explanation I would say that some of these cases were carried on by medical students under my personal instruction and observation.

And in others the inhaler did not properly fit the face; in some cases where false teeth are removed it is difficult to totally exclude air, and in patients with stiff beards or moustaches the same trouble exists. However if the beards are moistened you will get better results.

If any air whatever is inhaled with the gas, the anesthesia will be proportionately delayed.

I do not agree with the statement that all cases are susceptible to nitrous oxide; for I have found some cases that acted badly. I remember one patient, a physician, whose respiration became so abnormally accelerated, with very slight cyanosis, that I discontinued the gas and conducted an uneventful narcosis with chloroform.

Plethoric patients often take the nitrous oxide gas very well, but are very much embarrassed on the introduction of ether; in these cases I invariably change to chloroform and later return to ether.

And these cases bring out another point I desire to emphasize. While I am very partial to the gas-ether sequence, I am free to confess that there are other good methods and that a good anesthetist is the slave of no one method, but uses whatever seems to him from experience best suited to meet the emergency.

All patients are not alike, nor does the same patient always present like conditions during a narcosis.

There has been a marked diminuition of the quantity of ether

used by this method: ordinarily two to four ounces are sufficient for an operation.

The late Dr. T. Hess, Bellevue Hospital anesthetist, says: "Comparing my ether statistics when I used the ordinary Allis inhaler with the results obtained with the Bennett inhaler, I find I use one ounce now where I used 8 to 10 ounces then. A better type of anesthesia is obtained and the safety to the patient greatly enhanced."

And now we come to the *bete noir* of the ether enthusiast, its irritant effect upon the kidney, producing perhaps renal irritation, albuminuria, casts, anuria and sometimes nephritis.

It is not my intention in this paper to enter into the discussion but I will give you my data in the consecutive cases following my notification to prepare this paper.

Operation	Amt. of Ether	Time of Operation H. M.	Albumen Remarks.
Appendicectomy	2 oz	.35	Absent before and after, ex in 24 hrs.
Perineorrhaphy & trachelorrhaphy	5 oz	1.25	" " " " "
Salpingo-oophorectomy (double)	2 oz	.25	" " trace " " absent in 48 hr.
Appendicectomy	1 oz	.30	Absent before and after, ex in 24 hrs.
Ex. of right kidney for suspected stone and double hermiotomy	5 oz	1	Absent before and trace in 24 hrs. absent in 48 hrs.
Cholecystostomy	1½ oz	.35	Absent before and after, ex in 24 hrs.
Dectortalization of kidney	3 oz	.55	Present before, diminished in 48 hrs.
Chlolecystectomy	5 oz	1	Absent before and after, ex in 24 hrs.
Thyroidectomy	3 oz	1	" " " " "
Appendicectomy	2 oz	.35	" " " " "

Then if it is the consensus of opinion that ether causes more or less irritation during the administration but that the effect is of short duration in the kidney not seriously diseased, we certainly lessen this after effect by reducing our amount of the drug to one third or one fourth of what is usually given by the cone.

In reference to post anesthetic nausea, I think it has been as frequent under this sequence as from other methods, but the gastric disturbance is modified corresponding to the quantity of the ether inhaled.

A few words regarding the so-called objectionable features of the administration of this sequence and I have finished.

"Your patient is asphyxiated," or, "your narcosis is anoxemic in character," they say.

Not so, for a very small quantity of gas is employed, and if with this you do allow him to become markedly cyanotic, you have defeated your very object in using it for the preliminary narcosis, because the immediate and necessary admittance of air will bring your patient to consciousness.

The cyanosis obtained in the future use of a closed inhaler is in the hands of the anesthetist and its degree will depend upon his skill and experience.

I am now using the open method of administration in the majority of my cases. Again we hear that the inhalers are cumbrous, expensive and dirty. I grant the first two and as for the last can only speak from results, in all of my cases both in and outside of the hospital, I have yet to report a post anesthetic pneumonia. After each administration the inhaler is taken apart, metal parts boiled and rubber pipes washed in carbolized water. When occasion has arisen in which the inhaler is fouled, I change to the paper cone.

And now in conclusion: I again repeat, the time is passing by when the anesthetist is considered the least important part of the operation and that the evolution of your "featureless narcosis," Gentlemen, lies in your conception of the above idea.

References:

I. Anesthesia and Anesthetics—Patton.
II. Medical Record, Vol. 56, page 953.
III. American Medicine, Vol. 2, page 102.
IV. General and local Anesthesia.—Heineck.

THE GOLDEN BELT MEDICAL SOCIETY.

The mid-winter meeting of the Golden Belt Medical Society was held in the I. O. O. F. Hall in Wamego, Kansas, January 7, 1904, and was called to order by President Riddell with the following present: Doctors Felty, King, O'Brien, Lyman, Magee, Chamberlain, Riddell, Lindsay, Block, Alkire, Gaines, Bowen, McDougall, Shelley, Conlan, Simonton, Lagerstrom, Willhoit, Simmons, Cutright, Gundry, Brunner, Searl, Smith, Binnie and Harvey. Following the regular program the reading of scientific papers was taken up.

"Report of several cases in which hematuria was most prominent feature" was the subject of a lecture by Dr. J. Block of Kansas City, Missouri, and the following is the author's abstract of the lecture:

"Dr. J. Block of Kansas City, Missouri, exhibited a number of specimens illustrating the varieties of renal tuberculosis. One of these, a very large kidney of the tubero-caseous form, in which almost all of the secreting substance was substituted by large caverns, including an enormously thickened ureter, greater in circumference than an average thumb was shown the society. Another specimen, a beautiful example of general miliary tuberculosis, in which the cortex showed the classic "string of pearls" arrangement. The Doctor also spoke of the capillary form, that variety in which a tubercle or tubercular ulceration is situated upon one of the papillæ. Attention was called to the fact that uro-genital tuberculosis, contrary to the teaching of previous years, may appear primarily in the kidneys. Unfortunately, most of the symptoms, are irradiated along the tract, and for this reason the bladder is treated for a disease which does not exist. Frequency of micturition, nocturnal or diurnal, macroscopic or microscopic hemorrhages, some dysuria, increase of leucocytes, occasional increase of temperature and later, perhaps, sweats during the night, with or without bacilli in the urine. Sometimes a decided hemorrhage may precede the trouble. The cystoscope, when the bladder is still tolerant, materially clears up the question. If primarily vesical, this condition is generally disseminated over the surface of the internal urinary meatus. If the tuberculosis is circumferentially limited to the ureteral orifice, it is not a contra-indication to operation. The condition of the opposite kidney is not always exactly determinable. Ureteral catheterization of the opposite kidney will not always prove the arbiter. Owing to the excessive peri-renal inflammation, the enlarged kidney early becomes firmly fixed in the loin and does not move with respiration, a point of great diagnostic value later in the disease to which decided attention is called. Nephrectomy plus ureterectomy is the only remedy for this trouble, nephrotomy being worse than useless, and nephrectomy without removal of the ureter an incomplete operation."

This paper was fully discussed by Drs. Alkire, Binnie, King and closed by Dr. Block.

Dr. L. S. Chamberlain next read a paper entitled "Nitrous Oxid and Ether Sequence," which is published in this issue of THE JOURNAL.

This paper was discussed by Drs. Wilhoit, O'Brien, Felty, Block, Gaines, Lindsay, Bowen, King, Magee, Binnie, Riddell, Harvey and closed by Dr. Chamberlain.

"Incessant Vomiting of Pregnancy" was the subject of a paper by Dr. Felty.

The doctor first spoke of the different grades of this disease, but confined the greater part of his paper to the pernicious form. After reviewing the causes and probable causes, he took up the treatment, naming a number of the more prominent remedies that have been recommended from time to time, and giving his experience in several cases in which all remedies failed, the cases going on to a fatal end. Operation was not allowed in these cases, the friends of the patients not giving their consent. The doctor concludes that in the future he shall advise operation in pernicious cases early enough so that the patient has a fair chance of recovery, believing that it is the doctor's moral duty to sacrifice the life of the child rather than to run too great a risk of losing them both.

This paper was discussed by Drs. Harvey, Simonton, Lyman, Block, O'Brien, Gaines, Lindsay, Bowen and closed by Dr. Felty.

Dr. C. J. Simmons next read a paper entitled, "Relaxed Vaginal Outlet."

The Doctor pointed out that a relaxed vaginal outlet was a common condition, due to a rupture of the sphincter ani and levator ani muscles and the fasciæ, as a consequence of child birth, and that the condition was responsible for many cases of invalidism or semi-invalidism. He urged that more care on the part of the obstetrician be exercised in order to demonstrate the rupture and to properly and immediately remedy the same. The tearing of the tissues may be in all degrees from a mere rupture of the vaginal mucous membrane to a rupture extending into the rectum. The best method of demonstrating a ruptured perineum was to cause the patient to bear down, when, if a relaxed vaginal outlet was present it would be shown by a prolapsus of the anterior and posterior vaginal walls and the descent of the uterus; the amount of prolapsus being directly dependent upon the extent of the tear. Much suffering and a multitude of symptoms were caused directly and indirectly as a result of a relaxed vaginal outlet. The author believed all cases should be repaired by one or other of the recognized surgical procedures; and it was his experience that there was no operation that gave more satisfactory results both to the patient and surgeon.

This paper was discussed by Drs. Simonton, Harvey, Wilhoit and O'Brien.

"Mastoid Operations with Report of a Case" was the subject of a paper by Dr. R. S. Magee of Topeka, Kansas, and the following is the author's abtract.

"Infection is carried from post-nasal space or from pharynx by way of eustachion tube into the middle ear and from there into the mastoid antrum. There is not necessarily a discharge through the tympanic membrane, but this usually follows in cases of long standing chronic suppuration of middle ear. The use of peroxide is apt to force pus from middle ear into the antrum. Tenderness elicited by deep pressure over mastoid indicates antrum involved. Usually there is edema over the mastoid, frontal bones, and occipital headache, temperature not high, from 99 to 101 degrees Fahrenheit, vertigo, nausea, and considerable pain in the region of the ear and extending up over the side of the head.

Operation: Do not operate in acute condition; use ice. If pain and swelling increase, and no drainage from middle ear, open the mastoid. Make incision close to the ear from the tip of mastoid up to the top of ear. Then remove external plate by use of chisel; make large free opening to give free drainage. With scoop remove broken down cells and detritus in the antrum. If possible make communication between antrum and middle ear. Pack with gauze loosely.

Report of case: Six weeks since ear began troubling, and in cleaning the antrum the scoop slipped into the lateral sinus. The wound was immediately closed. Pyemic symptoms followed. Subsequently an abscess developed along jugular vein, which was drained. Patient recovered. Special attention is called to the fact that erosion of the internal plate had occurred. Early operations are indicated when involvement of the mastoid is suspected."

This paper was discussed by Drs. Alkire, Lyman, Harvey, Binnie, Bowen, Block, and closed by Dr. Magee.

After the reading of the scientific papers the following were elected to membership in the society :

Dr. A. D. Smith, Wamego, Kansas.
Dr. W. T. McDougall, Wabaunsee, Kansas.
Dr. Benjamin Brunner, Westmoreland, Kansas.
Dr. Albert Cutright, Louisville, Kansas.
Dr. W. J. Wilhoit, St. George, Kansas.
Dr. R. D. Elmore, Chapman, Kansas.
Dr. P. T. Conlan, St. Marys, Kansas.

On motion of Dr. Shelley the society tendered the Wamego fraternity a vote of thanks for the elaborate entertainment accorded them. The Wamego fraternity deserve great credit for the excellent manner in which they entertained the society. A continuous lunch was served in such manner as not to interfere with the progress of the program. Such a feature does much toward creating a feeling of good fellowship among the members of the society, and cannot be too highly commended.

The society selected Abilene, Kansas, as the place to hold its next meeting, which will be held April 7, 1904.

A. A. SHELLEY,
Secretary.

DOUGLAS COUNTY MEDICAL SOCIETY.

Regular meeting, Tuesday evening, February 2, in the court house.

The committee on bad bills recommended the following procedure: "All the physicians to give their bills to a common collector, he to receive a certain agreed upon percentage of what he actually collects and report back the names of those who do not pay. Note of these may be made by each physician for his own use and he may then protect his own interests in his own way." Adopted. The amendment proposing quarterly instead of monthly meeting was lost on a tie vote.

The following were proposed:

1. That the first sentence of Article V of the constitution be amended so as to read: "The officers of this society shall consist of a President, Vice President, Secretary, Treasurer, Delegates, *Member of the Nominating Committee of the District Branch* and Board of Censors."

The insertion of the title given in italics is the only change.

2. That the following sentence be added to the end of Article V: "If by any means excepting expiration of term for which the incumbent was elected, an office becomes vacant. the vacancy may be filled as decided by the society in regular meeting."

3. That the by-laws be amended by the insertion of a 6th section in Chapter III, which shall read: "Sec. 6. The member of the nominating committee of the district branch shall attend and repre-

sent this society at the meeting of the District Society."

Prof. W. S. Stevens and Prof. David F. McFarland were elected associate members.

Prof. McClung announced the gift to the University for hospital purposes of property to the value of $25,000.

Dr. Clark read a paper entitled, "The Medicine and Sanitation of the Ancients."

A. W. CLARK,
Secretary.

THIRD DISTRICT SOCIETY.

The Third District Society meeting at Clay Center, Kansas, February 4 was well attended by the physicians in the vicinity. There were a few from some distance in the district. The meeting was one of profit to all who attended, every doctor present taking part in the discussions.

The visiting physicians were received by the wives of the Clay Center physicians at the hospital and all enjoyed the hospitality extended by these good women. This social part of a local society meeting is one of the strongest ties to bind the profession together and was so enjoyed that the society voted unanimously that every doctor must take his wife along to the next meeting and that the society have a banquet at its close. The following officers were elected:

President, Dr. J. P. Stewart, Clay Center.

Vice President, Dr. C. F. Leslie, Clyde.

Secretary, Dr. M.R. Spessard, Glen Elder.

Treasurer, Dr. F. M. Daily, Beloit.

Delegates to Kansas Medical Society: Dr. B. F. Morgan, Clay Center; Dr. N. J. Saunders, Cawker City.

Adjourned to meet at Beloit, Kansas, the third Thursday in October, 1904.

At the close of the meeting of the Third District Branch in Clay Center, February 4, the physicians of Clay Center met and organized the CLAY COUNTY MEDICAL SOCIETY. The following officers were elected:

President, Dr. S. E. Reynolds, Clay Center.

Vice President, Dr. B. F. Morgan, Clay Center.

Secretary-Treasurer, Dr. Andrew Pearson, Wakefield, Kansas.

The Journal

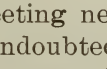
OF

The Kansas Medical Society

A Monthly Magazine for the Benefit of the Physicians of Kansas

GEORGE HOWARD HOXIE, A. M., M. D.,
Editor and Business Manager,
900 Tennessee Street, Lawrence, Kansas.

Publication Committee.
Dr. C. S. Huffman, *Columbus.*
Dr. L. H. Munn, *Topeka.*
Dr. W. F. Sawhill, *Concordia.*
Dr. R. A. Roberts, *Kansas City.*

Printed by The Gazette  Lawrence, Kansas.

Volume IV | April 1, 1904 | Number 4

OUR POLICY.

At the coming Topeka meeting next month the question of the policy of this Journal will undoubtedly be brought up. We hope that those who approve of progress will support us in the endeavor to make the Journal a force for the uplifting of the standards of medical journalism, for unity, and for aggressive advance in medicine both as a science and as an art. The present editor feels that he has not done what he would like to see done, but he has done the best he could under the circumstances to make the Journal "read" by his colleagues; he has increased its size and scope, he has tried to keep all advertising matter out of the reading pages and to refuse unethical advertisements. But to carry out such a policy takes time and money and while the editor has given freely of the former he has to depend on the Society for the latter. This Journal must be independent of its advertising pages if it would be a force for good and to do that makes necessary a *willingness* to continue to appropriate the dollar per annum from the annual dues. It may not be necessary to use such appropriation, but to carry on the Journal needed by Kansas today some money is necessary.

We hope that the following editorial from the *California State Journal of Medicine* will have its logical influence upon our readers.

"*Colorado Medicine*, edited by Dr. Jackson, is the form which the transactions of the Colorado State Medical Society have recently assumed. The monthly journal was authorized at the last meeting of the State Society and the first number appeared in November, 1903. The Colorado Society is to be congratulated upon this move. No other single factor is so valuable or can be made to count with such force, as can the society journal properly edited and conducted. That the Colorado journal will be ably conducted under the guidance of Dr. Jackson, goes without saying. Every decent physician in the country should hug himself with a congratulatory embrace at the advent of another State Society journal, for through the medium of these journals will come eventual relief from the pest of nasty, murderous and shameless so-called "medical journals" which have existed too long. If ever a campaign of education and for decency was needed, it is needed now. The rank and file of the medical profession is a long way—a very long way—from the standards of honesty, ethics and decency of a generation or two ago. The average private "medical journal" lives and fattens on the nostrum maker and the quack; and he, in turn, grows plethoric of dollars through the prostituting influence upon the innocent and ignorant in the medical profession, of these so-called "medical journals." To one who can see with his eyes and think with the brain which he is supposed to have, the whole thing is sickening, disgusting. Yet it will not do to simply keep hands off and let the merry game of swindle go on. It will not do for the decent journals—the journals that can and must be decent—the official mouthpieces of State Medical Societies—to simply keep the nasty stuff out of their advertising pages. Their duty is plainly writ and is something more; it should be an active warfare, and not merely a passive and negative doing of the right. It is difficult to express the keen pleasure with which we note the coming of another State Society Journal; it means that the day of reckoning, the day when the filthy back-yard of materia medica will be cleaned up, is just so much nearer.

But why all this glee over the starting of a State Society journal? Because the State Society journal will reach and influence more men in its territory than all the other journals published in the world. If organization of the State Society is properly pushed, it ought to represent two-thirds of the eligible physicians in the State, at the very least. The State journal is the property of every member of the organization; it is the official record of his county and his State Society meetings and transactions. If he does not take a more or less personal interest in it and its doings, then there is

something wrong either with him or with the journal—probably with the journal. Now just see what that means. Take our own State for example. Your JOURNAL reaches more doctors in this State than any possible combination of medical journals published the world over. And so it is in other States where there are State Society journals, and where there are not fights in the medical ranks. The possible influence of these journals, if properly exerted, is tremendous. And it must be exerted. It is bad enough for a private member of the profession to take this dirty money for these dirty, filthy nostrum advertisements and make a living or gain notoriety through the pages of a "medical journal" whose every line is for sale and whose every word is a paid lie—but it would be infinitely worse for a journal published by a State Medical Society to do the same thing. State medical societies, for very shame, cannot pursue the policy of "dollars; to h—— with the ethics," as plainly put by one "medical editor," to the writer."

WHAT FOR?

As May 4-6 approaches, our readers should be thinking of the annual meeting at Topeka and its meaning. What is the purpose of that meeting?

Our proposed constitution states that the purposes of this society shall be:

(1) *To federate and bring into one compact organization the entire medical profession of the State of Kansas.*" We are bound to have some medical societies in the state any way and it is only common sense to unite forces and help each other. It is cheaper, for we shall now spend $3.00 or less for all our dues instead of $1.00 here, $2.00 there and so on. It is more healthful for the profession to be working together than separate. Please note that the constitution calls on us to bring into one organization all the decent medical men of the state by whatever name known.

(2) "*And to unite with similar societies from other states to form the American Medical Association;*" thus completing the series from the county to the nation.

(3) "*To extend medical knowledge and advance medical science.*" This is certainly needed in Kansas and can never be brought about in the present isolation of the practitioners.

(4) *To elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws.*" The need of this has been shown repeatedly in these columns, *e. g.*, Dr. Roby's letter last July, and Dr. Boyd's paper at the last annual meeting. The school of medicine of the State University ought to be one of its strongest departments and it would be so if the medical profession were thoroughly organized and supporting it. With such leadership on the one hand and enforced laws on the other, the physician's lot would be far happier. We have medicine peddlers and counter prescribers enough even in the one town of Lawrence to justify the State Society's becoming militant on the subject. By the way, has the Robinson Drug Co. appeared anywhere since Drs. Herr and Haggart's exposure of them?

(5) "*To promote friendly intercourse among physicians*" A psychologist recently listed us as the most jealous profession in existence. Why is it? Largely because we believe the flattery of a certain class of patients and don't know our competitors well enough to realize that our flatterer is lying. Organization if it means frequent meetings will cure that.

(6) *To guard and foster the material interests of its members and to protect them against imposition.*" The physician seems to be prosperous but somehow or other the estate left at his death is remarkably small. We need protection against ruinous competition, against unscrupulous druggists, against manufacturers of proprietary medicines and against dead beats.

(7) "*And to enlighten and direct public opinion in regard to the great problems of state medicine, so that the profession shall become more capable and honorable within itself, and more useful to the public, in the prevention and cure of disease, and in prolonging and adding comfort to life.*"

This has been your editor's hobby this year. He has advocated the "education of the public in medicine" in season and out of season until he fears lest the audience be nauseated. An enlightened public opinion means the regeneration of our profession and to enlighten public opinion should be our task. We can do this by careful talks with our *clientele*, by articles in the secular press, and by showing the evils of self-dosage with patent medicines. Your editor protested to the editors of the *Assembly Herald* regarding the insertion of medical advertisements in that church organ and the wise church men could not understand his protest because forsooth the

remedies advertised were "harmless!" When he explained his position, he was told that he was an extremist and that he would not be supported by the rest of his profession. He wonders how many of those who read this care whether the journals they support have clean advertising pages or not. It would refresh his zeal if he could learn of even a handful of physicians inKansas who believe in helping the public to a higher level of medical knowledge.

These then are some of the objects of our organization and meeting together. Will you come to Topeka and help us plan a strong campaign for the next year?

FROM *American Surgery and Gynecology* for March, 1904:

ANOTHER DEATH.

"The Wichita Medical Journal has gone to join the silent majority. Drs. Purves and Graves struggled hard to make a journal worthy of support. They succeeded; the journal did not. Probably the chief reason was because of the existence of a medical journal published by the State Medical Society—journals supported by the treasury of a great society being far easier to manage than those dependent upon their subscriptions, especially in these days of free sample copies and freer "reprints" from the great manufacturing houses. It has been merged with the Journal of the Kansas Medical Society."

THE WESTERN MEDICAL JOURNAL GONE.

"Western Medical Journal, of Fort Scott, Kansas, for many years the official journal of the Southeast Kansas Medical Society, recently owned and edited by the capable and energetic Dr. A. J. Roberts, has been merged with the Journal of the Kansas State Medical Society."

Dr. Lanphear fails to realize what this consolidation means. These journals are not dead but their promoters have united with the other earnest men of the state to work for the advancement of the profession in our State.

The annual meeting occurs at Topeka May 4, 5, and 6 and NOT 6, 7 and 8.

DOUGLAS COUNTY MEDICAL SOCIETY.

Regular meeting March 1, at Dr. Phillips' office. Those present were Drs. Chambers, Phillips, Loomis, Hamman, Smith, Hoxie, Harvey, G. W. Jones, Leslie and Clark, and Prof. McFarland.

The Treasurer reported receipt of a letter from Dr. Goddard stating that annual dues should be paid before April 1st.

After discussion of the subject of collecting bad bills, it was moved that a committee be appointed by the chair to find out the wishes of the profession in respect to details. Drs. Hoxie and Leslie were appointed.

Dr. Hoxie asked for an expression of opinion as to whom the society considered the Medical Journal should be sent. The opinion seemed to be that it might with advantage be sent to all physicians and as a matter of courtesy to the honorary and associate members, but to no others outside of the profession.

Prof. S. J. Hunter of the University of Kansas was elected an associate member.

Dr. Hamman read a paper on McReynolds' operation for pterygium and showed a patient with double pterygium of both eyes, on whom he had operated, and removed both pterygia from one eye, the other one showing the disease.

It was decided that at the next regular meeting Drs. Phillips, Hoxie and Keith be asked to read short papers on some obstetrical subject.

A. W. Clark,
Secretary,

Armour & Co. are distributing widely a reprint from the *Boston Medical and Surgical Journal* for March 12, 1903, showing analyses of the various invalid foods, viz:

	Alcohol	Solids	Mineral Matter
Liquid Peptonoids, per cent	23.03	14.91	0.17
Hemapeptone, per cent	18.95	17.99	0.97
Nutritive Liquid Peptone per cent	14.81	15.20	0.97
Hemaboloids, per cent	15.81	6.36	0.62
Tonic Beef, per cent	15.58	18.16	1.04
Mulford's Predigested Beef, per cent	19.72	10.39	0.20

The query naturally arises, would these drugs amount to anything without the *Sorgenloeser*, alcohol?

ANNUAL PROGRAM OF THE DOUGLAS COUNTY MEDICAL SOCIETY.

APRIL—Obstretrics. Drs. Phillips, Keith; Autopsies, Dr. Hoxie.
MAY—Summer Diarrhœa. Drs. Boyd, Miller, Laslet, Loomis.
JUNE—Medical Tuberculosis. Drs. Simmons, Leslie, Dixon.
JULY—The "anti" serums. Prof. Sayre.
AUGUST—Typhoid Fever. Drs. Phillips, Smith, G. W. Jones.
SEPTEMBER—Surgery. Dr. Simmons. Some Specialty, Dr. Hamman.
OCTOBER—Physical Development. Dr. Naismith.
NOVEMBER—Pneumonia. Drs. Morse, Harvey, H. T. Jones.
DECEMBER—Pathology. Dr. Clark.
JANUARY—Annual Election; Address by the President.
FEBRUARY—Surgery. Dr. G. W. Jones.

THE TOPEKA MEETING.

Date: May 4, 5 and 6.

The Clinics: On Wednesday at Christ Hospital, Stormont Hospital and A. T. & S. F. Hospital.

Smoker: At Elks parlors, Thursday evening.

Reception to the ladies: Thursday evening.

Meeting of Council and Fellows: Wednesday evening at Security Hall (corner Seventh and Kansas avenue); open to all members.

Meeting of Council: Wednesday afternoon.

General Meetings: Begin Thursday morning at Security Hall; continued through Friday.

Railroad Rates: Assured by the fact that three medical societies and the State Dental Association meet in Topeka at the same time.

THE FICKER TEST for typhoid fever should be investigated and if found to be as the preliminary reports state, used by every up-to-date physician.

REPORT OF THE MARCH MEETING OF THE SOUTHEAST DISTRICT BRANCH.

Pittsburg, Kansas, March 1.

The society was called to order by Dr. Anderson, the vice president. Dr. Caffey was chosen temporary secretary.

The following members present: Drs. Graves, J. W. Porter, Sloan, Cave, Bogle, Dietrich, Caffey, Wm. Williams, Huffman, Brookhart, Anderson, Light, Ragsdale, C. A. Smith, A. M. Smith.

The following were present from Kansas City: Drs. Mark, Wm. Frick, and Fulton.

Officers elected for ensuing year as follows:

M. F. Jarrett, *President*

J. B. Anderson, *Vice President.*

H. H. Bogle, *Secretary.*

J. E. Jewell, *Treasurer.*

The Fellows to the *Committee on Nominations* of the State Society elected are: C. A. Smith of Yale; A. J. Roberts of Fort Scott.

Representative Fellows: R. A. Light, J. B. Carver, W. H. Mathis, H. H. Brookhart, J. Dillon, L. D. Jacobs, D. F. Longnecker, R. J. Peare, R. L. von Treba, J. A. Stevens, E. O. Sloan, J. W. Porter.

Alternates: J. R. Scott, J. S. Cummings, E. B. Payne, J. D. Bryan, T. A. Biddle, P. W. Barbe, J. T. Davis, O. G. Furst, W. E. Barker, J. L. Moorehead, G. E. Cole, J. H. Ragsdale.

The report from Dr. Huffman who was to draft a constitution, was read section by section and adopted. By laws were also adopted. It was decided that this society meet in March and September of each year.

The evening session was devoted to the reading of papers and their discussion. Dr. Wm. Frick of Kansas City, reading the first paper, THE CUTANEOUS MANIFESTATIONS OF SYPHILIS.

The second was a paper on BRONCHIAL CATARRH by Dr. Dietrich.

The next paper was VASCULAR KERATITIS by Dr. Graves. The last paper of the evening was by Dr. Light on GONORRHŒAL URETHRITIS.

These papers were quite generally discussed.

The September meeting will be in Chanute on the first Tuesday of the month, September 6.

This will serve as official notice to all men elected at this meeting. They should govern themselves accordingly.

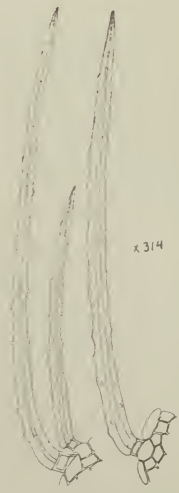
H. H. BOGLE, *Secretary.*

LOCO ONCE MORE.

L. E. SAYRE,
Dean of the School of Pharmacy, University of Kansas.

In two preceding issues of this JOURNAL articles have appeared on the loco weed; a third reference to the subject is explained in that a number of my correspondents have made inquiries as to the general appearance of locoed horses and asked about the physical characteristics of the leaf of the plant.

The general appearance of a locoed horse is best shown by a reproduction of a photograph taken by Dr. N. S. Mayo on my recent



visit to Arkalon, Kansas. This animal was selected out of a drove as being a typical case. It will be seen that this specimen is in an enfeebled condition which was alleged to be caused by loco (or perhaps sage brush). The name "locoed," however, was applied to his condition by the ranchmen.

The one interesting physical characteristic of the leaf pointed out in my last paper as having possibly some physiological bearing, was the innumerable hairs that covered its entire surface. In the accompanying illustration these hairs are shown as seen under the

microscope. They are unicellular, long, very narrow and sharp pointed. When the dried leaf is powdered they constitute, as stated before, about one-third of the weight and over one-half of the bulk of the powder. When separated in mass they "ball up" with water, about as raw cotton fiber would do. These hairs are certainly no more nutritious than the latter and, one would think, would be physiologically considered, as much of a foreign body in the digestive tract as would be cotton itself.

I am very much gratified to learn from our state veterinarian, Dr. N. S. Mayo, of the Agricultural College, Manhattan, that he has recently secured two locoed animals and will make a study of the disease at the experiment station located there. This is a step in the right direction and I hope that Dr. Mayo will do something to advance materially the investigation.

Dr. Minnick of Wichita has recently died.

Dr. George W. Neville, aged 81, died recently at Bethel, Kas.

Professor Ehrlich of Frankfort, A. M., has been given the doctor's degree by the University of Chicago in honor of his work on immunity.

The College of Physicians and Surgeons of Kansas City, Kansas, held its tenth commencement in the High School Auditorium on the evening of March 31. There were eleven graduates: Drs. Barnes, Crooks, Ensign, Fahring, Hall, Jones, Myers, Morrison, Owen, Stephens and Vermillion.

To patronize those who patronize us is a rather sound business motto. Hence we would like to have our readers patronize our advertisers as far as possible. These advertisers make possible a journal larger and better than one without them. For instance, the Evergreen Place Hospital, Cushing, Grandview, Dr. Burnett's and the Wichita Hospital are all good places and should be favored by our colleagues. Similarly Woodward & Co. of Lawrence should be preferred to Wichita, Topeka or Kansas City supply houses which do not help us. Again Parke, Davis & Co. give reliable drugs and we should favor their products. As to the proprietary medicines, individual preference must be exercised, but "other things being equal," let us use the products of our advertisers.

EDUCATION OF THE PUBLIC IN MEDICINE.

GEORGE HOWARD HOXIE, A. M., M. D.

Professor of Anatomy in the University of Kansas, Lawrence.

Of course, the underlying question in the consideration of this subject must be, Should the public be educated in medicine? To answer the question is not difficult because even if our theoretical reasoning should lead to an answer in the negative, nevertheless the practical trend of events is such that the public actually *is* educated in medicine. Therefore since it is a condition, not a theory that confronts us, if we medical men do not do it, some one else will. And it requires but a moment's reflection to show that it is to our advantage to do the work.

But even on theoretical grounds there should be such a thing as the education of the public in medicine. We are living in a new era of medicine. We are of the "new school" of medicine in a sense more real than that used by the followers of Hahneman, for it is only since the middle of the nineteenth century that medicine has become a science, or group of sciences. Up to that time tradition and *a priori* reasoning governed medical practice. Since then, by utilizing the advances made in the kindred sciences, we have been able to learn at least the elements of disease causation and development, and to develop on a rational basis a method of treatment. Modern medicine has been well called preventive medicine, because in our study of the causes of disease, we have been able to prevent disease and thus advance far beyond our forerunners. But in the prevention of disease the people themselves must do the greatest share of the work. We can advise, but we cannot execute. Hence it follows that the people themselves must know the causation of disease—that they must have a certain medical education.

I have noted that many writers especially in the monthly journals, advocate the keeping of the patient in ignorance of his disease and its treatment. Now I believe that this is a mistake. For instance, one physician, after examining his patient, proceeded to lay out some medicine. The patient asked him what they were. He replied, "medicine." The patient repeated the question twice but received no further satisfaction. As a result that physician has not been called to that house since. Of course he lacked tact, but even had he been tactful and evaded the question he was not helping his patient to a position where she could better prevent a recurrence of

the trouble. It seems to me that enshrouding our work in so much of mysticism savors of quackery, and is not worthy of scientifically trained and honest gentlemen. Uneduated and uncultured practictioners, thanks to the self limitation of most diseases, can "cure" diseases—but only well trained men can teach their patients how to become stronger and healthier.

That honesty is the best policy in dealing with patients is demonstrated by Dr. Cabot of Boston, in the issue of *Ameriean Medicine* for February 28, 1903. I need not quote from this excellent article, —I simply ask you to read it.

The honest and truth telling man is putting himself on a firmer and surer basis than his mystery wrapped competitor even if the latter enjoys a greater preliminary—and transitory—popularity. In the proverbs of Solomon we find the saying that a fool if he keeps discrete silence will be esteemed wise. This is true; but it is not always the noblest type of conduct. And sometimes keen observers of medical men entertain the suspicion, perhaps unfounded, that because we are silent and mysterious, therefore we must be of the class here noticed by Solomon.

But a far more cogent reason why an organization representing the best elements of the medical profession should take an active interest in the education of the public is to be found in the active teaching of the public now conducted by patent medicine dealers and charlatans. Even the newspapers, in spite of the good intentions of some editors teach more of falsehood than truth in their discussion of medical topics. And these teachings are the more pernicious because they usually contain half truths. I need only instance the public exploitation of the work of Prof. Loeb and Dr. Lorenz to recall to those who know something of the real work of these men an example of the kind of medical information the public is receiving. Another instance might be found in the symptoms of kidney disease blazoned forth in large type in the patent medicine advertisements—the lame back and the sedimented urine. Dealing with people filled up with newspaper medicine is peculiarily unsatisfactory to the man who wishes to make medicine a beneficent profession, because unless he can get the confidence of his patients enough to wipe out most of their previous notions, he can do very little of rational work.

As for the Christian Scientist and the Osteopath and their like —the very defense of the high grade practitioner is an enlightened public. If a physician be able to explain to his patient the character of his trouble and the conditions of cure, the patient will hardly

go to one of these people without his consent. We are somewhat responsible for the success of these people in that we have neglected certain broad types of treatment and have not paid enough attention to the psychical management of our patients.

Another instance of the necessity for educating the public in medicine or rather for the organized medical profession's interesting itself in that education is to be found in the teaching of anatomy, physiology and hygiene in the public schools. These subjects should be taught—but to be at all effective should be taught by some one who knows enough to be freed from the bonds of sectarian medicine or mysticism,—and that asks a great deal of teachers and preachers. The consensus of opinion as to the results of present physiology teaching is that it hardly pays for the time and effort spent on it. The remedy lies not so much in new text books as in better equipped teachers. The movement for medical inspectors in our great cities is good—why not have these inspectors assume charge or at least oversight of the teaching of medical topics? At any rate there is room for improvement in the matter and our local societies can do much good—not the least in side tracking the unwise tendency of the W. C. T. U. reformers—by seeing to it that the teaching of physiology in the public schools is at least rational.

The work of educating the public, then, falls upon the organized medical profession. Nevertheless it is a work in which the individual has as much or more of a part than the medical society, and the first work of the individual must be to educate his patients to a realization that medicine is a science and as such is governed by laws as fixed as those governing the other sciences. The patient should learn, therefore, that the curing of disease is not a matter of personal power and mystery and that the chief duty of the physician is not to dispense drugs, but to diagnose disease and teach the patient and his care takers how best to treat the trouble and prevent its recurrence. On this last point we have the greatest difficulty, for just as soon as we use drugs the commercial element must enter, and in our endeavor to make both ends meet we forget the higher part of our work in attention to the lower. The influences brought to bear upon us nearly all make for commercialism and self seeking; and it is only by getting together in friendly meetings that we can encourage one another to stand for greater charity and greater nobility of purpose. The danger is, I repeat, that we permit our patients to regard us as venders of drugs and to evaluate our services by the amount of medicine we give them. As a beginner in medicine it has been a great pleasure for me to treat patients coming from the care

of really modern physicians—for these patients seek advice and diagnosis,—not drugs. Of course this work of educating our patients is exceedingly discouraging; for ignorant patients will in spite of our best efforts misinterpret our statements and thus give unscrupulous competitors an opportunity to criticize us. Nevertheless, for the sake of our profession and its future I think the effort is worth the trouble.

Then I would like to awaken an interest on the part of the organized profession in the work of their home schools. Here again it is largely individual effort that is needed, although local societies can with profit take formal action and appoint committees to look after the matter. We need to see to it that the time appointed for teaching the medical subjects be given not to discussions of detail and debatable matters but rather to such things, for instance, as the proper use of cold water internally and externally; as the characteristics and meaning of contagious diseases and of the simpler diseases. In short the teaching of the grade schools should be directed toward making the students more able to care for their bodies and also to discriminate between the truth and falsity of newspaper and lay medical announcements. In educating our boys and girls aright we are laying the foundations for an enlightened public opinion in the next generation—for a public opinion that will appreciate the need of medical legislation and of legislation for the restriction of medical practice.

Another work worthy of our effort would be the holding of public lectures on medical topics. This has been tried with success in the east and has been commended by good men—not the least of whom is Dr. George M. Gould. For the present, of course, the main topic must be public hygiene as embraced under such titles as, The purification of our water supply, The stamping out of contagious diseases, Public health and clean streets, In what good sewerage consists—and many more, both broad and narrow in their scope. This work—the securing of good speakers and getting the people out to hear them—would give our medical societies a real reason for existing and—since having a common work binds men together—would allay much of the petty spite and jealousy now disgracing our profession. The advantages of such lectures to our communities is, I trust, so obvious that further discussion is not needed.

Still another line of activity is the utilization of the newspapers. Whenever anything of real medical interest is reported in or to the society, the newspapers should be given official accounts. The meetings of our societies should be noticed, but the notices should be re-

vised by authorized and able medical men. This system seems to be followed in Germany with great advantage both to medicine and to the public. There no important daily fails to present authorized accounts of medical meetings and summaries of the papers read. These reports are written by medical men interpreting the subject to the lay readers. These methods cannot be considered unworthy of us; for no one can say that the German profession is undignified or commercial. Our societies should have their press committees who should see that improper matter is kept out and not less that interesting accounts of medical matters are inserted. If the editors felt that they could rely upon us to furnish them notes whenever anything new occurred, they would gladly agree to submit their notices of medical matters to our committees.

And finally I must not omit mention of the work of caring for medical legislation. This work, however, is already arranged for in our constitution and is receiving therefore due attention. There is a danger possibly lest we try to legislate too much—for instance in controlling the use of such household drugs as quinine. We find real quinine habitues here in this state but the remedy in this case is not so much legislation as the education of the public through the individual physician. Drug store prescribing may possibly be dealt with in the legislature—yet here again the alert physician can do more than the law by demonstrating to his patients the danger and folly of following such prescriptions. On the other hand, we do need legislation as well as education on the subject of abortions. It is appalling both how callous the American women are becoming—and not less how low in moral standard many of our so-called better class physicians have sunken and how venal they seem to be.

In short in the proper education of the public, I see the progress and success of the medical profession.

THE STATE BOARD OF REGISTRATION is to hold, for some reason or other, a special examination at Kansas City about April 10. Inasmuch as the JOURNAL has never enjoyed the support of the Board, we have no official announcement of the dates. It seems peculiar that the returns from these registration examinations are not sent to this JOURNAL, the only medical journal in the state, and the one that is working for the good of the physicians of the state. We wonder where the trouble is, for returns have been sent to outside journals.

RAILROAD RATES.

TOPEKA, Kansas, March 24, 1904.

Dr. C. A. McGuire,
Topeka, Kansas.

Dear Sir:—With further reference to your favor of the 7th and my reply of the 10th, regarding reduced rate for Annual Meetings, Kansas State Dental Society, Kansas Eclectic Medical Society, Kansas Homeopathic Society and Kansas Medical Society, Topeka, Kansas, May 2-7, 1904.

For these meetings reduced rate of one and one-third fare on the certificate plan has been authorized from points in Kansas and from Kansas City and St. Joseph, Mo., to Topeka and return. Certificates to be signed by Dr. C. C. Goddard, Secretary and Mr. F. A. Lewis, C. T. A., Union Pacific R. R., Joint Agent.

You understand that under the certificate plan rule there must be 100 or more in attendance at the meeting who have paid full fare on the going trip of over 50 cents before reduced rate of one-third fare will be granted on the return trip.

Yours truly,
W. J. BLACK,
G. P. A.

IODIDE OF LIME is a subject just now much before the profession because of the extreme advocacy made for it by the Abbott Alkaloidal Co. Nichols' Iodide of Lime seems to be the basis of all the preparations, although the Abbott Co. calls its product calcidin. The Billings Clapp Co. sent your editor some of their product (Nichols' Iodide) for trial. He has tried it in several cases requiring rapid metabolism, but as yet fails to see any effects more rapid than those obtained from potassium iodide or Donovan's solution. He would be very grateful if those of his colleagues who have tried the preparation would report to the JOURNAL their results. Will it affect a fibroid tumor? Dr. V. E. Lawrence of Ottawa had a long article in the *Alkaloidal Clinic* on its use in croup, but based on data before the advent of the antitoxines. Who can report the comparative value of the two treatments (iodide of lime *vs* antitoxine) in the so-called membranous croup?

THE KANSAS MEDICAL COLLEGE at Topeka has twenty-five candidates for graduation this year. Commencement occurs on April 20.

PROF. BARBER promises us a report on his investigation into the effect of the flood last year on the prevalence of typhoid fever and malaria, for our next issue.

THE GOLDEN BELT SOCIETY meets April 7 at Abilene. This is an anniversary meeting, and Dr. Wyman of Detroit and Dr. Hall of Denver will be among the speakers.

MESSRS. E. B. TREAT & CO. have sent us for review Dr. Davis' Self Cure for Consumption and Dr. Abrams' The Blues. We shall give a discussion of their merits in their next issue.

IT IS A SHAME that the county societies do not have the reports of their meetings in the JOURNAL. The space is theirs if they can only persuade their secretaries to send us monthly reports.

THE DAILY PAPERS state that radium has been dropped from use for cancer at the Royal Cancer Hospital, London. Naturally we must await further report before countermanding our orders for radium.

HAS ANY ONE IN THE STATE used the Alexander treatment for malignant growths? The editor would gladly learn the result of such usage. Dr. McCandless of Kansas City (with Dr. J. N. Scott) has a sarcoma of the antrum for which he uses the Alexander treatment plus the Roentgen rays.

JUST THINK ON THIS:—"After one has worked for a time in healing wounds which should never have been inflicted, tending illness which should never have developed, sending patients to hospitals who need not have gone if their homes were habitable, bringing charitable aid to persons who would not have needed charity if health had not been ruined by unwholesome conditions, one loses heart and longs for preventive work, constructive work—something that will make it less easy for so many illnesses and accidents to occur, that will help to bring better homes and workshops, better conditions of life and labor."—Miss Dock.

THE DEGENERACY OF THERAPEUTICS *

DR. J. P. STEWART.
Clay Center, Kansas.

Therapeutics is the scientific application of drugs to the cure and alleviation of disease. It is therefore fundamental in the development of the work of our profession. The sciences of practical medicine, surgery and pathology may reach a high state of development, but unless this progress is supported by a rational therapeutics whose advancement keeps step with theirs, they fail of the highest utility in our work.

The last half of the nineteenth century has been rich in discoveries along all lines. Pathology, surgery and bacteriology all have an honorable list of achievements which are destined to be of permanent value to the race. Therapeutics also has made advancement, though some of its discoveries have had their dark as well as their bright side. We must give due credit to an advance which includes anesthesia, the hypodermic administration of remedies, cocaine, adrenalin, the antitoxins and coal-tar preparations, although it is doubtful whether the latter have not been as much of a curse as of a blessing. The verified discoveries in suggestive therapeutics also are outlining a new field of much value which should be given a strictly scientific study and a thoroughly professional application.

But has the science of therapeutics as a whole kept step with the progress in other directions and do present tendencies indicate that it will continue to do so? There are some tendencies which indicate a negative answer to this question.

The use of proprietary medicines in the practice of the physician, which is being pushed at the present time in our country, offers an easy descent into degeneracy in therapeutics and is filled with peril to the profession. Every physician present knows the amount of advertising matter with samples galore which he receives by every mail confidentially advising him of the advantages of this or that preparation. Especially numerous are the coal-tar products in some form, the serum remedies of all kinds and forms, the irons, the tonics, the wonderful absorbent and antiseptic powders and other handy remedies for slow brained doctors, enough to produce mental paresis in any mortal that tried to keep track of them.

*Read at the Third District Society meeting at Clay Center, Kansas, February 4, 1904.

Unfortunately this advertising matter does not always find rapid transit to the waste basket, as it should, for there can be no question but that all these preparations are used to a considerable extent. If they were not well patronized the numerous houses doing this kind of work could not exist, with new ones continually springing up.

This is not a scientific use of drugs according to the principles of an established therapeutics. All use of these remedies is an abandonment of therapeutic principles and tends to destroy interest in observation and investigation on the part of the physician and makes him unreliable in prescribing for disease.

Every physician should study the value of every drug prescribed independently, and make his prescriptions in the light of his experience and study, and the simpler the prescription the easier the effects can be watched and noted. But in the use of these proprietary medicines all of this experimental study and intelligent interest in the effects of particular drugs is stopped and the general progress of therapeutics is retarded. If proprietary remedy practice should prevail universally it would turn therapeutics over completely to the gentlemen, frequently of doubtful professional standing, who compound drugs not under the inspiration of a desire to supply human needs but for commercial profit.

The degeneracy in therapeutics is not confined to the science in our country. It is said that in France the sciences of surgery, diagnosis and pathology are thoroughly taught, but that therapeutics is very superficially handled on account of this extensive use of proprietary remedies.

The profession in Germany on the other hand still follows very carefully the lines of scientific therapeutics. England is about on a par with us in America with a marked tendency toward degeneracy through the use of factory made medicines.

Our medical writings are beginning to neglect this branch of our work. Many of our most noted authors are eloquent and thorough on practice as far as diagnosis, pathology, etiology and prognosis are concerned but say very little about treatment. And yet therapeutics is the woof of which these are the warp, and the practice of our profession cannot be complete and successful without all.

Of what value is it for us to be thoroughly informed in all other parts of the science if we are not able to intelligently treat disease—knowing the nature and value of drugs and able to compound them in the proportions suitable to each particular case in our care? Neglect of this side of our work seems to be almost criminal for the sin of omission is as great as that of commission. And on the other

hand to be skilled here, will go a long way toward a general success.

In my early practice I was associated professionally with two physicians who excited much wonder in my mind by their success in the treatment of disease with so few remedies. Their secret was that they knew thoroughly the value of their remedies and their few combinations were made with great skill and the effects very closely watched. I have never forgotten the lesson learned from them—that we should use the remedy or remedies needed—no more, no less—and watch the results very closely. These remedies do not have to be sought for among the seductive penaceas with the hyphenated names which the proprietary factories advertise, but can be had, chemical or alkaloid, tincture or fluid extract, with proper vehicle, of any pharmacist; or if one keeps his own medicines he can easily get them in their pure form. The pharmacy of today is very elaborate and anyone who is a student and has a knowledge of the value of the various medicines has no lack of material for the successful treatment of any disease.

One cannot now urge as an excuse for his neglect of this part of his professional work that he has no opportunity. There is ample opportunity and means for all physicians to be therapeutists. It is not necessary for anyone to use proprietary or secret formulas and he should feel that he is injuring both himself and his profession and his patient in so doing.

It is to be regretted that our colleges do not give the attention to scientific therapeutics which they should; and yet this is a well known fact. The student of medicine is more carefully trained in the art of writing a prescription which shall be thoroughly grammatical in sound and traditional in form rather than one that is scientifically applicable to the case in hand.

Our day is notoriously full of isms, ologies and pathies which every professional man deplores, but are we not largely accountable for these by our carelessness in treating disease and our willingness to abandon the faithful and painstaking use and study of recognized remedies, for the ready made formularies of commercial institutions? Therapeutics itself has its isms and fads, which by their extremes help on its degeneracy. For example, thirty-five years ago the proper treatment for peritonitis, perityphilitis and all inflammatory bowel troubles was opium—lock up the bowels for from ten days to two weeks. Later it was the other extreme—salines, keep the bowels moving. At one time we have the day of the microscope and all diseases are to be treated according to its dictum. Next chemis-

try gives the law by which we must work. Then electricity takes the field and leads as cure-all for all diseases, too numerous to mention, with x-rays a good second, till we are reminded of the old lady who tried electricity in a unique way. She was giving the doctor a history of her ailments, so the story goes, when he mildly asked her if she had ever tried electricity, to which she answered: "O yes, I have been struck by lightning, knocked senseless and had three ribs broken, but it did no good." Fads in therapeutics do not do the profession much more good than this old lady's electric treatment.

We must conclude then that there is a downward tendency in therapeutics in our country which is largely due to the use of proprietary medicines, and the consequent neglect of that investigation and observation on the part of the great body of practitioners which is the sure line of progress.

Advance comes in any science when the interest of many persons is actively devoted to studying its problems; and this is true of medicine in all its branches. It is not by the discoveries of a few leaders that our profession makes its best progress but by the faithful study and work of the rank and file which every now and then reveals itself when some hitherto unknown colleague gives the world a discovery of first value.

Therapeutics will not keep pace in advance with the other branches of our profession unless the multitude of the disciples of Esculapius have the patience and interest in their work to discard all easy and perilous commercial remedies and work along truly scientific lines.

McREYNOLDS' OPERATION FOR PTERYGIUM.

DR. GEORGE A. HAMMAN,
Lawrence, Kansas.

This operation was devised by McReynolds of Dallas, Texas, perhaps six years ago, but was not given to the profession generally until lately, when he read a paper before the Saratoga A. M. A. meeting in 1902.

*Read before the First District Society, February 11, 1904.

By delaying, McReynolds might have lost the credit of priority, because he had freely discussed the method with a number of colleagues, at previous meetings of the national society. However, ample opportunity was thus afforded for others to test its merits. Many men in different parts of the country had operated extensively in the meanwhile and were able to speak from experience.

Usually any distinct advance in medicine meets with opposition, although in this case, such men as Casey Wood, George Savage, Edward Jackson and others, during the discussion following the paper, not only expressed their approval but gratitude for so simple and efficient a plan. Dr. Savage declared it to be his opinion, that ophthalmology the world over would in time acknowledge its indebtedness to the originator. With these endorsements, one would naturally expect the operation to be in general favor among oculists. Unfortunately, in certain quarters at least, the value of the method has not been recognized. Too many good physicians shrug their shoulders at the other fellow's work and simply ignore it.

A new Ophthalmology just issued, to my surprise, does not even mention the operation and also claims that surgical interference in the larger varieties is not satisfactory. Whether this is the result of accident or design, I cannot say; however, the above omission is the apology I offer for this paper, and too, because the McReynolds' operation will not fail to cure a single time and because this cannot be said of any other method.

Pterygium is a widely distributed eye affection; possibly no part of the United States is wholly exempt. The severity and frequency of cases vary in different localities and also in the same locality among people differently employed. Individuals who are much exposed to wind and dust, such as farmers, quarrymen, section hands and railroad men generally, suffer earlier and more seriously than those engaged in in-door work. Where the climate is hot and dry and the soil sandy and alkaline in character and high winds prevail the greater part of the year, ideal conditions exist to produce the disease. Especially is this true of some portions of Kansas and of the hot, arid and sandy regions of the southwest.

Despite Fuchs' theory that pinguicula is the start of pterygium, the etiology of these growths must be sought elsewhere, as experience has abundantly shown dust and sand to be undoubted factors.

Climatic conditions probably act in the following manner:

The hot, dry air agitated by high winds not only serves to keep the eyes continually full of flying dust but also to produce such rapid evaporation of the tears as to deprive the eyes of the power of

washing the foreign bodies away. Thus particles of sand and dust, adhering in the palpebral fissure, are ground up and down by the involuntary movements of the lids, until finally dislodged at the canthi. Mechanical irritation of this sort, continuously applied for many years, must eventually lead to a deposit of fibrous tissue. This destroys the elasticity of the exposed conjunctiva, so that during lateral movements of the eyes traction is made on the cornea. A pterygium is the natural sequence.

With these causes in view McReynolds devised his operation. It is, to a certain extent, a modification of the Desmarres operation, although the particulars in which it differs are so important as to really constitute a new method. Desmarres and Knapp who practice transplantations, as well as others who practice excision, bring the conjunctival flaps together with a line of sutures in the axis of the eye. This is a mistake and the secret of failure in many cases. Along the line of union where the flaps adhere a band of repair tissue more or less wide is sure to form. This is never so smooth or elastic as the normal. Hence, when the eyes move, a pull is exerted upon the cornea just as before which increases the vascularity of the part and invites a return of the growth.

McReynolds' operation is designed to overcome these defects. The pterygium is shifted to below the conjunctiva of the lower lid, where it is fastened with a single stitch. Thus it is used as a tail to drag the healthy and thinned out conjunctiva from above over the old site and up to the corneal margin. When the speculum is out, the stitch is hidden and the only abraded point is on the cornea. In two days usually the pterygium has become firmly fixed in its new location and the stitch can be removed. As a rule the reaction is very slight, although the redness disappears quite slowly. Atrophy now begins in the old growth, possibly because removed from irritation under cover of the lower lid, at any rate in the course of six weeks to two months not a vestige remains and the eye looks perfectly normal. Even in cases where the growth is not entirely displaced beneath the lower lid, the results, nevertheless, are just as good. This would suggest that protection is not the only cause of atrophy, possibly a change in the direction of the fibers is a stronger reason.

The details of the operation now follow in the originator's own words:

"1. Grasp completely the neck of the pterygium with strong but narrow fixation forceps. 2. Pass a Graefe knife through the

constriction and as close to the globe as possble, and then with the cutting edge turned toward the cornea shave off every particle of the growth smoothly from the cornea. 3. With the fixation forceps still hold the pterygium, and with slender, straight scissors divide the conjunctiva and subconjunctival tissue along the lower margin of the pterygium, commencing at its neck and extending toward the canthus, a distance of one-fourth to one-half of an inch. 4. Still hold the pterygium with the forceps and separate the body of the forceps and separate the body of the growth from the sclera with any small non-cutting instrument. 5. Now separate well from the sclera the conjunctiva lying below the oblique incision made with the scissors. 6. Take black silk thread armed at each end with small curved needles and carry both of these needles through the apex of the pterygium from without inwards and separated from each other by a sufficient amount of the growth to secure a firm hold. 7. Then carry these needles downward beneath the loosened conjunctiva lying below the oblique incision made by the scissors. The needles, after passing in parallel directions beneath the loosened lower segment of the conjunctiva until they reach the region of the lower fornix, should then emerge from beneath the conjunctiva at a distance of about one-eighth to one-fourth of an inch from the other. 6. Now, with the forceps lift up the loosened lower segment of the conjunctiva and gently exert traction upon the free ends of the threads, which have emerged from below, and the pterygium will glide beneath the loosened lower segment of the conjunctiva, and the threads may then be tightened and tied and the surplus portions of thread cut off, leaving enough to facilitate the removal of the threads after proper union has occurred."

The conjunctiva should not be separated along the upper edge of the growth, otherwise gaping will occur when the stitch is tied and defeat the purpose of the operation.

Where the growth is very large, nothing will be gained by transplanting the whole, so that the head and a portion of the lower edge can with advantage be removed, if enough is allowed to remain to pull the conjunctiva above in place.

In making the pouch below, it is well to determine how far the pterygium will reach and not undermine beyond that point as the conjunctiva will stretch and prevent proper displacement.

The advantages of the operation can be summed up as follows:

1. The operation is very simple and the reaction is usually slight.

2. In my experience the per cent. of return is absolutely nil whereas no other method can make such claims.

3. The cosmetic results are beautiful and leave nothing to be desired.

4. The method is equally successful in all cases.

THE CONVENTIONAL QUARANTINE OF SCARLATINA.*

H. L. CHAMBERS, M. D.,
Lecompton, Kansas.

In choosing a title for these remarks, I was a little undecided as to the use of "conventional," thinking that perhaps "nominal" would better describe the condition. It was finally made "conventional" on the theory that the usual quarantine of scarlatina is not only "nominal" but "conventional" as well.

A quarantine of any sort, to amount to anything, must be effective. And to be effective, it must be almost or quite absolute. Considered relatively or incompletely, a quarantine is merely a useless expense, an unwarranted annoyance.

Now I wish to call up a few facts and indulge in a few speculations concerning the conventional quarantine of scarlatina, a quarantine that so far as I have learned is never effective, and that for reasons hereafter to be mentioned never can be made so under the existing order of things.

It seems simple enough to formulate a plan or scheme for a quarantine, *i. e.*, you need only be cut off communication between the patient and his room on the one hand and the balance of the world on the other. But when this is attempted, we encounter some difficulty in the matter of medical attention, the provision of food, medicine and conveniences and in the disposition of excreta, soiled linen and the like.

Some sort of nursing must be provided and this in most families tends to break or weaken the quarantine. Besides all these things there must be some means of communication with people outside and at a distance, and when there is no telephone, this usually

*Read before the Douglas County Society Jan. 6, 1904.

breaks the quarantine. In all these ways quarantines are broken from the inside, so to speak, and broken in good will while people are trying to observe them.

Some persons will presume to judge of the need of a quarantine, and invariably finding it useless, proceed to break it willfully. From the outside, quarantines are often broken by people, notably old ladies, who dispute both the diagnosis and the wisdom of a quarantine, and willfully enter a quarantined house leaving at their pleasure. In cases of this kind the members of the stricken family will rarely make a very strenuous effort to keep their friends out, and considering their isolation and loneliness, we cannot blame them.

There yet remains one general method of neutralizing quarantines that is always successful; *i. e.*, successful as a neutralizer, no matter how careful are the attentions of the health officer or of the people under his care. I refer to the cases that are never quarantined at all, and in the particular sort of quarantine under consideration, that of scarlatina, the unquarantined cases are always in the majority.

This seems to be a condition for which the legislature and the State Board of Health in their wisdom have made no provision. Indeed, the legislature seems not to have known that it exists. In two hundred and nine cases of which I have collected some information, in only forty-six was there any attempt at quarantine, and these were mostly rendered insufficient from the inside.

The explanation of this state of affairs is not difficult to find. In a few cases the attending physician does not recognize the nature of the trouble, in a few more he knows, all right, but does not wish to shut up his patrons when the neighbors with the same disease are running at large; in a far larger number of cases the family or some officious friend corrects the diagnosis of the doctor as soon as the rash subsides and proceeds to "do things" to the flag and to the doctor's reputation for his having ordered a quarantine; then by far the largest number of the unquarantined cased are so mild that no physician ever sees them, or if he does it is for the treatment of some "rheumatism," adenitis, or middle ear complication that develops after the disease is well along.

I believe that what I have said will remind each one of you of enough in his own practice to convince the most skeptical that the quarantine of scarlatina is not only merely "nominal," but that it has been so for so long and is so general, that it has become "conventional" as well.

Now seeing that the present methods of quarantine in scarla-

tina are of no practical value, what shall we do? Shall we rest easy till such time as we can make a reasonably successful quarantine? I think better not. Rather should we push along on the line of preventive medicine in which quarantine is included. If our notions about quarantine are true, the harder they are pushed the sooner will we demonstrate their untruth.

You remember that a governor of Kansas once announced that a law cannot be enforced unless local sentiment or public opinion be in its favor. This is especially true of quarantine laws. The profession can do something here by building up a solid local sentiment favorable to quarantine.

Of the local sentiment the most effective is that of the quarantined family and here we can do particularly good work in teaching the people. A death from scarlatina makes a most effective text on which to begin your lecture.

When we consider that an infectious disease is usually contracted through the carelessness or the criminal negligence of the public, that it increases neither the wealth nor the convenience of the family afflicted, that it is both costly and inconvenient to quarantine, and finally that quarantine is wholly in the interest of the public, we conclude that the public should bear at least the extra expense.

Perhaps an extension of the doctrine of public responsibility would be of use in this matter. I believe the municipality is now held responsible for damage or death resulting from defective streets, walks, roads, or bridges, and I see no fundamental objection to holding it responsible for damages or death resulting from defective quarantine. I know of nothing more certain to stimulate local sentiment. You know when one's money is jeopardized, his sentiment becomes kinetic at once.

As a further adjuvant in the matter of developing a proper sentiment, I suggest that we try to agree on a name for the disorder and that we stick to the use of such name. Many of the laity believe that scarlet rash and scarlatina are harmless, fearing only *Scarlet Fever* and diagnosing as such only those cases that are almost or quite fatal. Personally, I have tried to meet this indication by calling all the cases scarlet rash and by lecturing people on the Latin name of the disorder. This does not cover all the indications, especially in those cases that never develop a rash.

Let me ask why physicians try to represent the mild cases as not needing quarantine. I have looked this matter up in several works on practice, regular and eclectic, such as Osler, Flint, Scudder, Tyson, Sajous's Cyclopedia, Strumpell and the like, and going

back for thirty-three years, I am unable to find anybody publishing anything that would warrant a belief that any discrimination in cases is to be made. Flint, however, seems to think it scarcely worth while to quarantine at all. He refers to the fact that the disease is usually trivial and that one attack commonly confers immunity, and suggests that when circumstances are favorable, families should allow their children to have it and be over it, though he does not think children should be purposely exposed to it.

In conclusion I make no attempt to force any opinion on you, but do assure you that in my observation the disease has not been very fatal, less than one per cent mortality, and the "conventional quarantine" has not been worth a tithe of what is has cost.

A CASE OF ACUTE BILATERAL FACIAL PALSY WITH COMPLICATIONS.

S. GROVER BURNETT, A. M., M. D.

Professor Clinical Neurology and Physiological Anatomy of the Central Nervous System in the University Medical College; Consulting Clienist and Neurologist to St. Margaret's Hospital; Formerly Assistant Superintendent Long Island Home of New York for Dental and Nervous Diseases and Inebriates.

(Continued from last month.)

Ataxic symptoms—He experienced no inconvenience in walking in the dark or with his eyes closed. In going up and down stairs, he did so with a defect of movement, but it was a leg defect of weakness and fatigue and not from any uncertainty of fixing the position of his feet or want of balance. He stood well with eyes closed in the usual tests for ataxia of station.

Motor Power—There were no paralytic symptoms present but he complained of an unusual fatigue in his legs on any moderate exertion.

Glandular Symptoms—The inguinal glands he had noticed were enlarged on both sides. They were not painful or inflamed in any sense. Some of the glands were as large as an average sized hazel nut while others were normal in size, lacking any uniform enlargement as seen in other conditions. The lateral cervical glands slightly showed a similar condition but to no marked degree. The axillary glands were seemingly normal.

Diagnosis—The question of differential diagnosis presents itself at once as being between tabes, pseudo tabes and multiple neuritis,

still the symptom complex conforms to neither. In this case the touch sense is seemingly good, the pain sense is decidedly defective or absent, the plantar and patella tendon reflexes are gone, and the thermal sense is exaggerated to cold and lost to heat; all in accord with the tabetic symptom complex. When there is reason to believe that they developed in the passing of a night, their value as tabetic symptoms must be questioned. Again when we add that the muscle and articular senses, which are always defective or abolished in tabes, were normal and that no ataxia of station or coordination or ataxic pains were or had been present, it is safe to exclude tabes.

Psendo-tabes is a sensory neuritis and is attended by loss of muscular and articular sense when it is typically developed. These senses are not lost in our case. Pseudo-tabes usually presents a burning, tearing pain as compared with the lancinating pain of tabes and slight to marked ataxic symptoms of station and locomotion. These, too, were absent:—but in pseudo-tabes muscular weakness to marked paralytic symptoms is common, the patella tendon reflex is lost and so may be the superficial reflexes, the pain sense (analgesia) is lost, the thermal sense is either lost, lessened, delayed or lost to heat and sensitive to cold, and last but not least, in rare cases, a double facial palsy may be present—all of these were duplicated in our case.

Multiple neuritis is an inflammation of both motor and sensory, or mixed nerve trunks. Marked paralysis, atrophy, perhaps oedema of feet, all degrees of pain hyperalgesia with tactile anesthesia, partial or complete, loss of the muscular and articular sense, excessive and unbearable pain on pressure over the nerve trunks, early loss of response to the faradic current, lessened response to the galvanic current and secondary reaction of degeneration—all of these are typical of multiple neuritis and were not present in our case. Again, multiple neuritis wipes out the deep reflexes and frequently the superficial. The pain sense may be lost and the thermal sense is broken up. If not paralysis, there is muscular weakness. These were all present in our case and one other symptom which has not been brought out, because it was so slight as to not disturb the patient, was, namely, a very slight tendency to tenderness of the parts on manipulation. So it is safe to say that while many symptoms of multiple neuritis were present, the cardinal symptoms were not.

My diagnosis was that of a mild neuritic condition. Because of the reaction of the blank, useless facial muscles to the faradic current on the eleventh day, I prognosed complete recovery.

Treatment:—He was under treatment thirty days, making forty days from the time of the attack. Medical treatment was directed entirely to improving his general nutrition. A modified form of the rest treatment was persisted in with selected, nourishing but simple diet. The diet and digestive process was especially guarded to evade undesirable ptomain infection, a previous condition of which there may be a lingering suspicion. The galvanic interrupted current was given to the paralyzed facial musculature. Each day he was saturated to the point of systemic reaction with the static current, after which the static spark was applied to the spine and limbs. At the time of his discharge he had full control of his facial muscles, the knee reflexes had returned and the muscular weakness and all sensory phenomena had returned to normal. The prognosis verified, justifies the diagnosis made as that of neuritis, acute in onset, attacking both sensory and motor neurons, incomplete in its attack on either, giving a sypmtom group resembling in some respects, tabes, pseudo-tabes and multiple neuritis, but conforming to neither, but simulating more of the symptoms of pseudo-tabes than anything else.

As to the cause, I have hinted at two aetiological factors, namely, over-heating and the night chilling of the whole body surface and a possible infection probably through the assimilative channel. This latter, over-looked in the history notation given, is a possibility from the fact, though saying he was quite well previously, there were periods of indigestive attacks which considerably upset him and left him generally below par, simulating analogous epochs in the depressive form of neurasthenia.

Prof. Dr. Carl Schlatter, of Zurich, has just published a study of five cases of meniscus (of the knee) rupture. He finds the left leg more frequently attacked than the right, and the medial than the lateral meniscus. All five cases were treated by resecting the ruptured meniscus. The results were excellent although a slight weakening of the joint was apparent. Operative procedure however has given much better results than non-operative. Prof. Schlatter believes that the knee joint is not double (Henke, H. von Meyer) and that the menisci do not glide on the tibia in rotating the leg.

The Journal

OF

The Kansas Medical Society

A Monthly Magazine for the Benefit of the Physicians of Kansas

GEORGE HOWARD HOXIE, A. M., M. D.,
Editor and Business Manager,
900 Tennessee Street, Lawrence, Kansas.

Publication Committee.
Dr. C. S. Huffman, *Columbus.*
Dr. L. H. Munn, *Topeka.*
Dr. W. F. Sawhill, *Concordia.*
Dr. R. A. Roberts, *Kansas City.*

Printed by The Gazette Lawrence, Kansas.

Volume IV | May 1, 1904 | Number 5

TOPEKA, MAY 4-6.

This number should be in the hands of the readers by May 1, hence before the Topeka meeting. Let it be a reminder of the duty of attending that meeting and of doing active work for the betterment of the organization.

The first great problem will be that of accepting (or rejecting) the constitution printed in the February Journal. We hope for an acceptance, because we believe that greater progress is possible under it than under the present one.

The next point is to seal the bonds of affiliation between the state, district and county societies. The great district societies have loyally voted for progress and the compact should now be sealed.

Not less important should be the selection of officers for next year. Not the men who want office, but the men who can and will do the work for which there is crying need, should be chosen.

It is the rank and file—the general practitioners—on whom the success of our movement of organization must depend. Will you do your part?

THE EFFECT OF THE FLOOD OF 1903 ON THE HEALTH OF THE KAW VALLEY.

M. A. BARBER,
Professor of Bacteriology, School of Medicine, University of Kansas.
and
JOHN G. WOODIN,
Student of Medicine, University of Kansas.

Last January copies of the following letter were sent to about one hundred and fifty physicians of the Kaw valley:

"MY DEAR DOCTOR:—At the time of the flood last June some predictions were made of the disaster to the health of the community which would result from standing water, decaying vegetation and other results of the overflow. It has seemed to me of interest to ascertain whether, in the opinion of physicians, the health of the Kaw Valley during this season has suffered materially from the causes named; and you are kindly requested to co-operate in this investigation by filling out and returning the blank given below. Should enough answers be obtained to make this investigation worth while, it will be published in "THE JOURNAL OF THE KANSAS MEDICAL SOCIETY," and I shall send to each physician who replies a reprint of it. Your help in this matter will be much appreciated, and, if convenient for you to report promptly, an early answer will be of special value. Very respectfully yours,

MARSHALL A. BARBER,
Department of Bacteriology, University of Kansas.

"Please give the total number of cases of typhoid fever which came under your care since June 15, 1903,.....the corresponding period of 1902,.....Of these numbers what proportion seemed to be due directly or indirectly to standing water, decaying drift or other vegetation. 1903.... 1902....

"Total number of cases of malaria which came under your care since June 15, 1903.....the corresponding period of 1902.....; the proportion of them which could be directly or indirected due to the causes named above.

"Please name any other disease or diseases which, as the result of your own observation, you believe to have been materially increased by causes mentioned, and state the approximate increase in each due to the overflow.

"If you have any general observation which may further throw light on this problem, kindly give it here or on the back of this sheet."

In all about sixty answers were received, and a summary of the information received in them is given in the following table:

COUNTY.	Cases of typhoid, 1903	Cases of typhoid, 1902	Cases of typhoid ascribed to standing water, etc., 1903. ...	Cases of typhoid ascribed to standing water, etc., 1902. ...	Cases malaria, 1903	Cases malaria, 1902..	Cases of malaria ascribed to standing water, etc., 1903. ...	Cases of malaria ascribed to standing water, etc., 1902....
Dickinson	2	13	1	8	90	79	15	13
Douglas	46	44	3	1	92	61	0	0
Geary	7	26	6	14	5	10	0	0
Jefferson	2	1	0	0	82	70	18	12
Johnson	13	6	0	0	0	0	0	0
Leavenworth	13	33	0	2	17	39	0	0
Potawatomie	4	9	0	0	12	3	0	0
Salina.	6	10	3	3	18	22	0	0
Shawnee	35	23	5	0	4	4	4	4
Wyandotte	6	29	0	0	10	30	0	0
Total	134	194	18	28	330	312	27	29

The number of replies is small, and, but for the practical unanimity of opinion, the evidence could hardly be regarded as decisive; but the testimony agrees well, and the witnesses, though comparatively few, are trained observers and represent many different parts of the territory, so that this summary seemed to us worthy of publication.

Only the cases reported in the replies are tabulated, and these represent, of course, only a fraction of the total number of cases occurring during the two years. Further, since more letters were received from some counties than from others, because, as a rule, only physicians residing in or near the flooded district were addressed, no fair comparison can be made of county with county by this table. All that we can deduce from it is the opinion of the correspondents regarding the relative number of cases in the two years and the probable proportion caused by the agents named in the circular.

It is seen that the total number of typhoid cases reported for 1902 is larger than that of 1903, and that the proportion ascribed to standing water and its results is about the same for each year. It was reported from some localities that typhoid was unusually prevalent in 1902, and it is to be remembered that 1902 was an unusually wet year also; circumstances which should be given weight in making the comparison. The total number of cases of malaria reported for

1903 is but slightly larger than that of 1902, and the percentage ascribed to standing water, etc., is about eleven for 1903 and nine for 1902. Some of the correspondents had no exact record of their cases of either typhoid or malaria and could only estimate the numbers.

As regards the opinion of the physicians concerning the general effect of the flood on health, it was a little difficult to summarize, since decisive answers were not in all cases given; but of those who gave a definite opinion scarcely nine per cent. believed that, aside from diseases due to the immediate effects of the high water—as nervous troubles, rheumatism, colds, wound infection and the like, due to exposure—the flood had no effect on the prevalence of disease. A considerable number stated that the season of 1903 was an unusually healthy one, and eight were of the opinion that the flood was directly beneficial in flushing out the filth accumulated in cellars, ponds and the like. In this connection it is to be remembered that in most cities vigorous sanitary measures were taken after the flood and that these may have served not only to avert the threatened effects of the high water but also to render sanitary conditions unusually good. One or two correspondents suggested that unless the newly formed ponds are drained they may affect the sanitary conditions of their surroundings during the coming reason.

From the evidence summarized above, it may be safely concluded that the health of the Kaw valley suffered little, if at all, from the after-effects of the flood of 1903; and that there is reason to believe that in some communities, at least, its effects was beneficial rather than harmful, and it there performed the office of a thorough, if rather indiscriminate, scavenger. Its action is well described by one correspondent who wrote that the flood "left no water standing here—and very little of anything else."

ECLAMPSIA.

M. T. DINGESS, M. D.,
Atchison, Kansas.

Eclampsia is the term applied to convulsions, tonic and chronic in character, the foundation of which is laid in pregnancy, labor and childbirth.

By the definition we exclude the convulsions due to hysteria, true epilepsy, and cerebral lesions, which occurences in pregnancy

are to be regarded as purely accidental complications. Eclampsia is fortunately a tolerably rare event. Its estimated frequency is in about the proportion of once in five hundred pregnancies.

The eclamptic seizure may occur before, at the time, or after parturition. It is more likely to occur in primiparæ than multiparæ.

Regarding the nature and pathology of eclampsia it must be admitted that our knowledge is as yet imperfect, though many theories have been promulgated. Among them the most important are the following: Lesions of the kidneys, which may be simply hyperemia, or if more advanced, of exudation and fatty metamorphosis, or of atrophic changes consequent to those previously enumerated. Allied to this view is that which considers eclampsia a form of anemia. Some authors lay stress upon compression as producing the renal insufficiency, through interference with the vessels of the kidneys. In the great majority of cases albuminuria attends eclampsia, although each has been observed without the other. My own experience has been (and I have seen some twelve or fifteen cases of this trouble), that each case was attended with albuminuria. In the majority of cases well marked lesions of the kidneys are to be found, constituting the so-called desquamation nephritis, or acute Bright's disease of pregnancy.

This disease is in the majority of cases soon recovered from, after the expiration of pregnancy. The eclamptic seizures may come on suddenly without any warning whatever, more commonly, however, some of the following prodromata occur: Headache, mental depression, dizziness, amblyopia, severe epigastric pain, with or without nausea, œdema of the face, legs, or labia majora. The most important symptom to warn the physician of the impending nervous storm, that I have observed, is a convulsive movement or dancing of the eye ball, which immediately precedes the convulsion. I believe very nearly every case presents this symptom.

Examination of the urine nearly always shows albuminuria, renal epithelia, epithelial and granular casts. The amount of urine voided is of much importance; if it keeps up to the normal quantity or very nearly so, even though the above conditions exist, the danger of convulsions is much less. Observations of the blood tension are of great importance in the prodromal stage, a high tension being cause for increased apprehension.

An attack very much resembles an epileptic convulsion. A slight twitching of the eyelids or corners of the mouth, and as before stated the spasmodic movement of the eye ball usually precedes the convulsion, which it is not necessary for me to take time to explain,

for those of you who have witnessed a well defined case of eclampsia, are not likely to have the picture erased from your memory. After a period ranging in length from one to ten minutes, the patient relaxes, and passes into a stage of coma, the bounding pulse becomes softer, perspiration ensues, and if no new convulsion supervenes, the period of remission follows, in which the patient gradually regains conciousness and the nervous phenomena subside. The recurence of the attack may be so frequent as to permit no interval of consciousness, while the successive shocks shatter the patient's vitality until death relieves her of her suffering.

If the seizures are multiple, sometimes several days intervene before the patient regains consciousness, as I have seen in my own practice. The prognosis is always grave. The earlier the convulsions occur in labor the more unfavorable the prognosis. Eclampsia which occurs first in childbed is not so dangerous as when it comes earlier. The longer the labor, the more difficult delivery, the deeper the coma, and the greater the insufficiency of the kidneys, the more grave is the outlook. It is very seldom that convulsions cease before the expulsion of the child. In childbed it is favorable when copious diuresis sets in, and is followed by a decrease of the albumen and œdema.

It is estimated that fully one-half of the children of eclamptic women are still born, a result very likely due to asphyxiation from carbonic acid gas from the mother's blood.

The treatment so far as possible should be made prophylactic, when the prodromic symptoms give us any warning, and right here I might ask the question, How many pregnant women consult their family physician in regard to their condition before time for confinement? As indicated above, a careful measuring of the urine is necessary as a help to judging the need of treatment. By diuretics in conjunction with tonic treatment the amount of urine may be increased. A recumbent posture is of benefit, as it tends to relieve the pressure on the renal vessels. If in spite of treatment the urine diminishes to less than twelve ounces per day, with much albumen, and the symptoms of danger become imminent, and the child is of viable age, it is well to produce premature labor. After one attack has occurred it is well to empty the uterus at once, as others are more than likely to follow, so in my judgment, it is good treatment to hasten labor as much as possible.

For the convulsion proper there are no remedies like chloroform and morphine, hypodermically. To prevent a recurrence of the spasm, chloral hydrate per enemam, and when the arterial tension

is high, and the pulse is full and strong, we have no remedy that will compare with Norwood's Tct. Veratrum Viride, which I administer hypodermically in twenty to thirty drop doses, every half hour until the pulse becomes normal or even lower, for when the arterial tension is low the danger of convulsions is much less, of course all the excretory organs should be made to perform their respective functions. In order to repair the crippled condition of the kidneys, it is well to give elaterium or even ol. tiglii just as soon as the patient can swallow. I also give pilocarprine hypodermically, in sufficient dosage to insure free diaphoresis, thereby helping the system to eliminate the poisonous matter through the skin. In plethoric cases, blood letting has its advocates. I have never practiced it. I think chloroform and veratrun viride deserve the most consideration. Some writers claim to have given veratun in one drachm doses. I was always fearful of so large a dose.

In conclusion I would like to cite a case that to me was quite interesting. Some six years ago I was called hurriedly to see Mrs. H., primpara, aged 24, eight months pregnant, who was having, as the messenger informed me, spasms. Upon arrival I found her in convulsions; her whole body was rigid and features were very much distorted. I at once gave her chloroform, which in about two minutes abated the attack, after which I was informed by the nurse that she had previous to my arrival had five convulsions. Found her lower limbs and face very œdematous and the urine, which I obtained by the use of catheter, was loaded with albumen. After consulting with the family, I concluded that the only means of saving her life was to produce premature labor at once, which we immediately did, but in spite of all treatment she had five more convulsions before labor was completed, as it required considerable time to dilate the cervix. After labor was completed she had four more convulsions. In delivering her, which was done hurriedly, as we considered time very precious, she was very badly lacerated, which injury was immediately repaired under as nearly aseptic conditions as we could obtain. But unfortunately she developed erysipelas which persisted for eight or ten days, the patient in the meantime remaining unconscious of her surroundings. After the erysipelas subsided she developed intermittent fever, having a distinct rigor followed by a high temperature and sweats every afternoon, which in spite of all treatment persisted for eight or ten days, after which the patient slowly regained health, and ultimately made a good recovery. About eighteen months afterwards I delivered her of a healthy child without any trouble, and at this time she showed

no signs of albuminuria. She again became pregnant and died from puerpal eclampsia while I was on a visit to my former home in Virginia.

THE GOLDEN BELT MEDICAL SOCIETY.

FIFTEENTH ANNIVERSARY MEETING.

The fifteenth anniversary meeting of the Golden Belt Medical Society was held in the K. P. hall at Abilene, Kansas, Thursday April 7th, 1904, with President Riddell in the chair.

The routine business of the meeting was transacted and the following officers elected for the ensuing year:

President, W. S. Lindsay, Topeka.

First Vice President, L. R. King, Junction City.

Second Vice President, E. L. Simonton, Wamego.

Secretary-Librarian, A. A. Shelley, Abilene.

Treasurer, H. N. Moses, Salina.

The society thoroughly discussed the matter of the affiliation of the Golden Belt Medical Society with the Kansas State Medical Society, in accordance with the plan of the American Medical Association, and it was determined that such an affiliation should be consummated; and in accordance therewith, the following were elected delegates: Doctors Riddle, Crawford, Hazlett, Shelley, McClintock, Lyman, King and Ketchersid. The following are the alternate delegates: Doctors Curtiss, Brewer, O'Brien, Neptune, Fowler, Gaines, Leverich and O'Donnell. Doctors Riddell and Crawford were named as the members of the nominating committee. Doctors McClintock and Lyman were named as the alternate members on the nominating committee.

Action was taken expressing approval of the proposed Heyburn Pure Food and Drug Bill, now pending before congress, and the secretary instructed to communicate with the author of the bill expressing the society's commendation.

Doctors A. F. Jonas of Omaha, Nebraska, and J. N. Hall of Denver, Colorado, were elected to honorary membership in the society. Doctors R. H. Meade of Great Bend, J. S. McBride of Lyons and H. L. Alkire of Topeka, were unanimously elected to active membership.

The following scientific papers were read and each elicited prolonged and meritorious discussion. The essays evinced careful preparation and much thought and were of the highest order of merit.

"President's Address"—Dr. J. D. Riddell, Enterprise, Kansas.

"Symptoms Attributable to the Perpendicular Position"—Dr. H. N. Moses, Salina, Kansas.

"Uncinariasis"—Dr. E. B. La Fevre, Abilene, Kansas.

"Altitude Treatment of Pulmonary Diseases"—Dr. J. N. Hall, Denver, Colorado.

"Importance and Technic of Necropsies"—Dr. George Howard Hoxie, Lawrence, Kansas.

"Radical Operations for Hernia"—Dr. Hal C. Wyman, Detroit, Michigan.

The AbilenA Company gave a complimentary dinner to the members of the society and its guests at the Union Pacific hotel at 7:30 o'clock. On motion of Dr. Lindsay, the AbilenA Company was tendered a vote of thanks for the excellent entertainment extended.

Those present were: Doctors Lindsay, Hayes, C. J. Simmons, J. W. Simmons, Hoxie, Harvey, Curtiss, Hall, Meade, McBride, Nordstrom, Phillipson, Sawhill, Moses, Gaines, Esterly, Keller, Dean, Alkire, Crawford, Brewer, McVey, Shenberger, Leverich, Conklin, Witmer, Neptune, White, Klingberger, Simonton, Wyman, Lyman, Hawthorne, Conlan, O'Brien, Axtell, Elmore, Fowler, King, Shelley, Riddell, McClintock, Hewett, Hazlett, Gish, La Fevre, Garrett, Creighton, Winterbotham and Yates and Messrs. Carpenter, Halleck, Ellison and Germann.

Salina was chosen as the next meeting place. Thursday, July 7, 1904 the date.

A. A. SHELLEY,
Secretary.

THOSE OF OUR READERS who are going to Atlantic City and who wish a sleeper through from Kansas City should write Dr. Hoxie at once.

WE HAVE been asked for a complete set of volume one and numbers one and eight of volume two. Who will furnish them and at what price?

DOUGLAS COUNTY MEDICAL SOCIETY.

April 5, 1904. Regular meeting at Dr. Hammman's office. Those present were Drs. Hamman, Simmons, Hoxie, Smith, G. W. Jones and Clark. In the absence of the president, Dr. Hamman presided. After the reading of the minutes of last meeting, a few changes were made and they were approved as amended.

Dr. Hoxie reported for the committee on collection of bad bills. The report was received and the committee continued. It was voted that members be invited to hand over their bad bills to the chairman of the committee with the percentage voted they were willing to pay for collection. Dr. Hoxie read a paper entitled, "The Importance and Technique of Autopsies."

A. W. Clark,
Secretary.

RICE COUNTY SOCIETY.

A special meeting of the Rice County Medical Society was held in Lyons, Kansas, April 6. Those present were Drs. Fisher, Sr., Vermillion, Smith, Ross, Currie, Koons, Little, Snoden, Fisher, Jr., and McBride.

After several interesting discussions on the subject of a fee bill, a paper was read by Dr. C. E. Fisher on Lobar Pneumonia.

Communications were read in regard to becoming an auxiliary to the State Society. A committee was appointed to revise the by-laws in order that they might be in harmony with those of the state society.

It was decided to hold a banquet at the next regular meeting, May 18.

Drs. Fisher, Currie, and McBride were chosen as delegates to the State, Southern and Golden Belt societies.

Drs. Koons and Little will have papers at the next meeting.

Adjourned to meet May 18, 1904.

J. S. McBride,
Secretary.

FOURTH DISTRICT SOCIETY.

This society met at Wichita April 19 and 20, and judging from the account in the *Wichita Eagle* sent us by Dr. Purves, had a successful gathering. About eighty sat down to the banquet. The program follows:

Surgical clinic, Wichita Hospital.

Chronic ovaritis as an indication for operation—A. E. Hertzler Halstead.

Surgery of the pancreas—C. E. Bowers, Wichita.

Renal tuberculosis—Jacob Block, Kansas City.

Deciduoma malignum—Wm. B. Dewees, Salina.

The present status of serum therapeutics—Dr. Duval, Hutchinson.

Laceration of the perineum—Dr. Crowell, Kansas City.

Report of case of co-existing extra and intra uterine pregnancy—J. E. Oldham, Wichita.

Memoranda—T. H. Jamieson, Wellington.

Paper on appendicitis, written ten years ago—O. J. Furst, Peabody.

Gall stones—H. G. Welsh, Hutchinson.

THE OFFICERS FOR THE NEXT YEAR ARE:

President—W. H. Graves, Goddard.
First Vice-President—J. D. Clark, Wichita.
Second Vice-President—R. S. Haury, Mound Ridge.
Secretary—G. K. Purvis, Wichita.
Treasurer—J. C. Brown, Wichita.

The delegates to the states society are: D. W. Basham, Wichita; G. K. Purvis, Wichita; O. J. Furst, Peabody; H. G. Welsh, Hutchinson; Dr. Emory, Winfield; H. H. Hill, Augusta; J. M. Latta, Millerton; J. E. Oldham, Wichita; J. T. Axtell, Newton; C. E. Bowers, Wichita; E. A. Hertzler, Halstead; Dr. Martin, Wellington; Dr, Palmer, Florence; L. T. Smith, Newton; R. S. Haury, Mound Ridge. Alternates are to be chosen by delegates.

The next meeting will occur in Wichita in October.

THIRTY-EIGHTH ANNUAL MEETING.

Topeka, May 4, 5, 6.

Wednesday, May 4: Afternoon—Clinics at Stormont Hospital, Christs' Hospital, Santa Fe Hospital.

4 p. m.: Meeting of Council.

7:30 p. m.: Meeting of Council and Fellows. This will be the main business meeting of the session. Those entitled to vote are the Fellows elected by the county and district societies (one for each ten members.) All other members of the State Society are invited to be present and have their say.

Thursday, 9 a. m.: After the president's address will come the following twenty-eight papers,—distributed throughout Thursday and Friday as the president and the society determine.

1 Physiological development, G. W. Jones, Lawrence.
2 Practical hints in obstetrics, P. W. Barbe, Oswego.
3 Anaesthetics, L. S. Chamberlain, Topeka.
4 Deformity following fracture of shaft of femur—osteotomy and result, E. E. Morrison, Great Bend.
5 Tetanus—report of cases, J. W. Porter, Pittsburg.
6 Can men and women doctors be a help to each other? Mary J. Lobdell, Beloit.
7 Evolution of man, physical, mental and moral, W. L. Schenck, Topeka.
8 Influence of valvular lesions upon pulmonary tuberculosis, R. C. Fear, Gardner.
9 Electricity or the X-Ray, Ida C. Barnes, Topeka.
10 The expectant mother, E. T. Shelly, Atchison.
11 The pathology and indication for surgical interference in chronic ovaritis, A. E. Hertzler, Halstead.
12 The sympathetic nervous system in therapeutics, Noah Hayes, Seneca.
13 The eye in general diseases, J. E. Minney, Topeka.
14 The evolution of manhood, its hindrance and help and the duty of the medical profession, W. L. Schenck, Topeka.
15 The culture products in the treatment of tuberculosis, T. A. Stevens, Caney.
16 The consultant, conventional and ideal, O. P. Davis, Topeka.
17 Otitis media, H. L. Alkire, Topeka.

18 Some difficulties experienced in refraction work, E. E. Hamilton, Wichita.
19 Dipterous parasites of the intestines, F. E. Schenck, Burlingame.
20 Paper, G. A. Boyle, Winfield.
21 A physiological action of the X-Ray, C. M. Brockett, Topeka.
22 Microscopical demonstration of the circulation in a living animal, W. E. Bartlett, Belle Plaine.
23 Active principles in therapeutics, J. F. Preston, Effingham.
24 Clinical report on some abdominal cases, C. M. Holcomb, Winfield.
25 The nutrition of the skin, R. E. McVey, Topeka.
26 Paper, W. S. Lindsay, Topeka.
27 Chorea, S. S. Glasscock, Kansas City, Kan.
28 Paper, K. O. Brown, Topeka.

Thursday, 9 p. m.: Elks' Hall—Smoker.

Friday, 11 a. m.: Clinic.

Members will please be sure to secure receipts for their railway tickets in order to secure the return fare at one-third rate.

Papers are limited to twenty minutes each.

The Medical World of Philadelphia, is doing a good work in demonstrating to practitioners that it is cheaper to make up their own analgesics (or buy them of standard supply houses), than to buy the patented or copyrighted preparations sold at exceedingly high prices by their promoters. Thus Dr. Taylor, the editor, regards it as a waste to purchase antikamnia when an equivalent acetanilid compound could be purchased for one-third the money. *The Medical World* is also making war on the *Medical Brief*, a "proprietary medicine almanac," and similar publications. This latter of course is in line with the work of the *California State Journal*, as quoted in our last issue, and is a work with which we have sympathy. Of course a wholesale denunciation of proprietary medicines because they are proprietary is uncalled for; the point being to reduce the amount used of preparations whose constitution is secret. If we prefer to use Peacock's compound of bromides in preference to one made up by our local druggists, no fault can be found—provided the physician knows what he is using. After all, a knowledge of the influence of the single drug is the ideal. Knowing that, the practitioner may combine his drugs to the best advantage when necessary and he can also get along with the use of fewer drugs than his competitors who is a polypharmacist.

THE PRESIDENT OF THE STATE SOCIETY,

W. E. McVey, of Topeka. Dr. McVey graduated at the Kansas City Medical College in 1888, and was for ten years the publisher of the Kansas Medical Journal. He now is a specialist on the diseases of the respiratory tract.

FIRST VICE-PRESIDENT OF THE STATE SOCIETY,

G. W. COFFEY, of Concordia. Dr. Coffey graduated from the Kansas City Medical College in 1893, and is secretary of the Cloud County Medical Society.

SECOND VICE-PRESIDENT OF THE STATE SOCIETY,

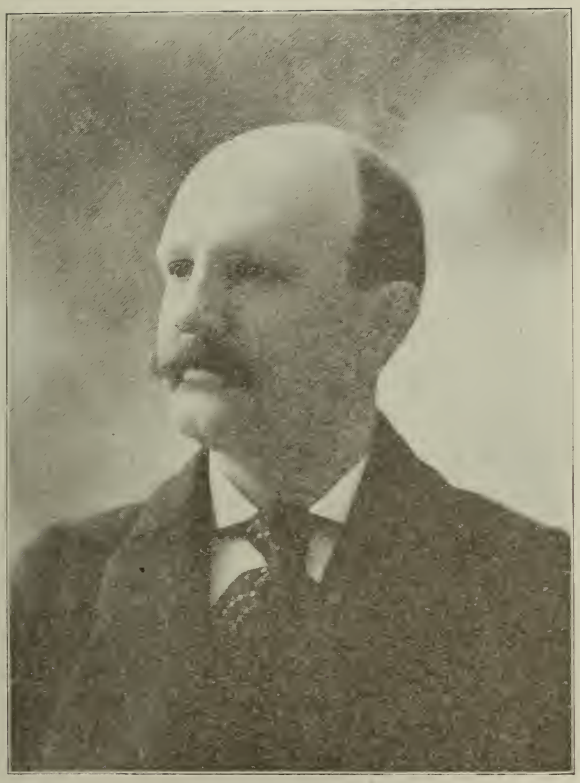
J. T. AXTELL, of Newton. Dr. Axtell graduated from Bellevue in 1883, and is professor of orthopedic surgery in the College of Physicians and Surgeons, Kansas City, Kansas. He owns the Axtell Hospital at Newton.

RECORDING SECRETARY OF THE STATE SOCIETY,

CHARLES S. HUFFMAN, of Columbus. Dr. Huffman graduated from the Missouri Medical College at St. Louis in 1890, and took special work in New York in 1895. He is a surgeon for the 'Frisco R. R., and Deputy Surgeon General of the National Guard.

THE AUTHOR OF THE TOPEKA PROGRAM,

DR. C. C. GODDARD, Corresponding Secretary. Dr. Goddard graduated at Bellevue in 1893. He is professor of nervous and mental diseases College of Physicians and Surgeons, Kansas City, Kansas, and manager of Evergreen Place Hospital.



THE TREASURER OF THE STATE SOCIETY,

LEWIS H. MUNN, of Topeka. Dr. Munn obtained his preliminary education at Notre Dame, Ind., graduated from the medical department of Iowa State University in 1880 and from Bellevue, (N. Y.) in 1882. He took a course in the Chicago Post Graduate School in 1896. He is surgeon to Stormont Hospital, consulting surgeon for the Santa Fe Hospital Association, and division surgeon for the C., R. I. & P. R. R.

THE EDITOR OF THE WESTERN MEDICAL JOURNAL,

A. J. ROBERTS, M. D., of Fort Scott. Drs. Purves and Roberts, by their willingness to put aside vanity and selfishness and combine their journals with that of the state society, have laid a broad foundation for future progress in the organization of Kansas physicians.

CHEMICAL EXAMINATION OF THE URINE.*

J. F. PRESTON, M. D.,
Effingham.

The importance of urinary examinations, in their bearing upon diagnosis, treatment, and prognosis in disease, is now admitted by all who have kept pace with the progress of medical science during the last ten or fifteen years. If we should except sugar and albumen in our examinations, there are other conditions of the urine, involving either a modification in the proportion of its normal constituents or the presence of abnormal principles, which it is very important to recognize.

With regard to certain abnormal principles that may exist in the urine, it is essential to the practical physician, not only to be able to recognize their presence by simple and reliable tests, but, in many instances, to estimate their quantity. For instance where we find in the urine, *sugar*, a knowledge of this fact is a necessary element in the diagnosis; and the influence of dietetic and other measures of treatment, in most cases, is speedily and certainly indicated by the modifications in the proportion of sugar in the urine. Indeed, it is impossible to treat this affection intelligently without estimating from time to time the quantity of sugar discharged by the kidneys. A case in point:

On the 23d day of last March, I was called to see Mr. N., an old soldier, living six miles south and twowest of Effingham, who like a large majority of the men who served in the army from '61 to '65 had contracted what soldiers call army diarrhœa, (dysentery.) During the long years intervening, in endeavoring to rid himself of this disease, he had taken everything in the patent medicine line, from alpha to omega, besides all the domestic remedies which the old ladies of the country had recommended to him, and as a result I found that he had been confined to his room for a number of days before my visit because of indigestion. The diagnosis of diabetes mellitus, was readily made as soon as I entered the room, from that sweet, nauseating odor, so characteristic of the disease. After a careful examination of the case, and a full history extending over a period of about thirty-eight years, I gave him treatment and instructions as to diet, secured sixteen ounces of the urine and returned to my office, to see him again the following day. The specific gravity of this sample was the highest I had ever seen, being 1045. After making the usual test for sugar,

*Read before the First District Society, Feb. 11, 1904.

which showed a large amount, I concluded to evaporate eight ounces of it, and to my surprise, obtained one and one half ounces of very thick syrup, showing 16 to 18 per cent of sugar. I visited Mr. N. daily, making the usual test of the urine, but it was not until the eighth day that I found any diminution in the amount of sugar. From that time on, for two months, there was a gradual reduction in the sugar, and the urine became normal.

Albuminuria, is also so prominent a symptom in certain diseases of the kidneys that it is often spoken of as if it were in itself a disease, is a condition which must be recognized in the diagnosis of these disorders. It frequently happens that the presence of albumen in the urine is the first positive indication of a pathological condition of the kidneys, and this single fact directs the attention of the physician to an entire class of important diseases.

Physiologists are constantly progressing in the knowledge of the phenomena which attend the general processes of nutrition and, with every development in this direction, additional importance is attached to the examination of the urine in disease.

(To be continued next month.)

The ABILENA Company gave the Golden Belt Society a very good dinner at the recent anniversary meeting, for which they deserve great credit. It is interesting to note that the company has put an advertisement in this issue. Therefore in order to inform our readers as to the character of their product, we print the following analysis:

(In grains per U. S. gallon, 231 cubic inches at maximum water density.)

Sodium Bicarbonate,	8.909
Calcium Bicarbonate,	10.733
Iron Bicarbonate,	0.917
Sodium Nitrate,	0.568
Sodium Sulphate, Anhydrous,	32 29.288
Equal to 7322.648 Sodii Sulphas U. S. P.	
Magnesium Sulphate, Anhydrous,	71.345
Equal to 145.139 Mganesii Sulphas. U. S. P.	
Calcium Sulphate,	44.966
Sodium Chloride,	65,176
Silica,	0.293
Ammonia, NOT A TRACE.	
Total solids,	3432.195

As seen by the analysis this water is remarkably rich in cathartic and diuretic salts, and is mildly alkaline with bicarbonates. It is an exceedingly pure water in respect to freedom from organic contamination.

CORRESPONDENCE.

TOPEKA, KAS., April 5, 1904.

Mr. Editor:—In the last number of the JOURNAL (April) there is a paper on the "McReynolds Operation for Pterygium," by Dr. Geo. A. Hamman of Lawrence. I heard Dr. McReynolds read the paper referred to at the Saratoga meeting. It struck me favorably and I have done the McReynolds operation for pterygium almost exclusively since. It has given me better results than any other operation yet devised and with which I am familiar. I think Dr. Hamman's criticism is just. Why the operation should be, in a measure ignored and spoken of askance, in at least one of the latest works on ophthalmology, I do not know, unless Dr. McReynolds is a young man and lives in Texas; or possibly the following rhymes by Dr. Geo. Chismore are more appropriate. They are entitled:

"THE HONORS THAT AWAIT THE DISCOVERER IN SURGERY."

"Of the doctors in convention, Surgeon Blank a moment claimed
While he showed an apparatus and its various points explained,
Which he said he had invented for the cure of a disease
That all other forms of treatment but the knife had failed to ease.

When he closed some seven members in their wisdom rose and said
They were each of them delighted with the paper Blank had read;
While it showed the greatest merit, they were still compelled to say,
That the malady in question could not be relieved that way.

One averred, in his opinion, 'twould be trifling with a life
To attempt to treat such cases without recourse to the knife,
And one warned his fellow members that the plan was yet untried,
And one prophesied a failure, others novelties decried.

So, in short, each poured cold water in the biggest kind of streams
On the head of the inventor and his too ambitious schemes;
Winding up with the assertion, that, as now the matter stands,
If successful with the author, it would fail in other hands.

In a year or so thereafter the convention met once more,
And again in proper season Surgeon Blank was on the floor.
This time with numerous patients of his own and others, too,
Proving thus to a conviction every point he claimed was true.
And once more the seven members were on hand in wise array
And in turn, in the proceedings, each arose and had his say.

All were proud of being fellows of a body Blank adorned,
And they each one begged to mention, that, while other doctors scorned—
At the time of the invention when the subject first was broached—
They expressed themselves delighted and all doubters had reproached.
It was a glorious triumph our esteemed colleague had won,
But it should not be forgotten that it had before been done.

It was true the operation had most uniformly failed,
But then its vital principles no authority assailed.
And then the quoted Heurteloup and Joseph Emile, Cornay
And Civiale, and Jacobsen, Broadie, Leroy, Mercier;
Proving thus that Blank's invention was invented long ago,
And that certain small improvements were the best that he could show;

And even in regard to these, each did contrive in terms
To convey the intimation that Blank had from him the germs.
Such is oft the meed of genius, but it's not the only one;
There's the inward satisfaction of a duty ably done;
And the fame that bides forever for such deeds is still in store,
When detractions' voice is silent, when this fleeting life is o'er."

Respectfully yours,
J. E. MINNEY.

"OUR JOURNAL IS READ ANYHOW."

ST. LOUIS, MO., April 13, 1904.

Dr. George Howard Hoxie, Lawrence, Kan.,

DEAR SIR:—In reading your April number we note that your editorial "Our Policy" and Dr. Stewart's article, both indulge in the wholesale denunciation of proprietary preparations. This is such a reversal of opinion in the short time since you solicited our advertisement that it comes as somewhat of a shock.

We are also struck with the inconsistency of your position. To accept money from a manufacturer for space in your journal to make his announcement to your readers, and then use the entire force of your editorial strength to denounce those preparations and score physicians for using them, is so thoroughly inconsistent that it might be called by a much stranger name.

If it is your policy to class all proprietary preparations as nostrums and fight their use by physicians you should close your advertising pages to them. We would be pleased to know just what your "policy" is to be. Yours truly,

PEACOCK CHEMICAL CO.,
Thos. P. Haley, Jr., President.

Mr. Editor: DWIGHT, KANSAS.

The offer of the council of the Kansas Medical Society to give the Golden Belt Medical Society a certain defined territory and recognize us as a District Medical Society in the Kansas Medical Society is a generous offer.

This recognition of our society, if accepted by us, admits us to to membership in the K. M. S. and our County Auxiliary Societies and to the privilege of membership in the A. M. A. It also makes it our duty to extend medical knowledge and advance medical science, to elevate the standard of medical education, to secure the enactment and enforcement of just medical laws, to promote friendly intercourse among physicians, to guard and foster the interests of our members and to protect them from imposition. Thus giving us practical exemplification of Juncta Juvant.

By this organization of the A. M. A. with the various state associations as integral factors, with the district societies, and the county societies as primary units of organization, the medical profession of the United States is for the first time approaching a condition of effective solidarity. For there is no profession that can wield a greater influence than ours and with this solidarity of organization any needed medical legislation can be secured.

The general scheme of organization of the A. M. A. has been supplemented by special committees calculated to bring the full weight of our professional influence to bear upon important public medical legislation.

The eighteen counties to comprise our district make a shape not unlike a hammer headed shark, mostly head and tail. The tail counties in the western part of the state may not seem desirable territory to us, but it is the only chance for the doctors in those counties to attend district meetings. You have only to remember there are no north and south railroads in these counties. The Union Pacific is their only means of getting to and from district meetings. We may not get much help from these far west men but we can show them a good time whenever they attend our meetings.

The K. M. S. has been dominated by a political junta. The constitution recommended by the A. M. A. shuts out this junta and all similar ones. Chapter 5, Section 3 reads, "Any person known to have solicited votes for or sought any office within the gift of this association shall be ineligible for any office for two years."

Every view of this movement incites us to acceptance of the offer of the council of the K. M. S. We lose very little and gain

much. We will then be in a position of more extended outlook and opportunity to prove "Juncta Juvant." J. T. CURTISS.

Mr. Editor: TOPEKA, KANSAS, April 5, '04.

With you, I think it is an oversight on the part of medical societies in the state, not to send full reports and their best papers to the JOURNAL for publication. I made mention, in the Shawnee County Medical Society of the fact that these papers should be sent to the JOURNAL and was told that it was with the secretary to do so, but I fail to see the papers published. If you will take my part, should trouble arise, I will bombard our secretary until he will be glad to send them We have had some as good papers read before the Shawnee County Medical Society as I have heard at the American Medical Association.

Why this carelessness I do not understand, a physician will take the time and trouble and labor to prepare a paper to read before a society of ten or fifteen members, hand the paper to the secretary. The secretary will deliberately take the paper and pigeon hole it or throw it into the waste basket.

It is a poor inducement to a man who cares to forge ahead in his profession, to have his labor cut off with such a small hearing. Not only that, but every paper prepared by a physician and that physician has put a reasonable amount of study and research in getting up the paper is of benefit to some or many members of the profession. The Shawnee County Society meets monthly and there is no excuse for not sending the JOURNAL at least one good paper each month. You have succeeded admirably with the JOURNAL, Mr. Editor; I feel that the publication is a success.

Respectfully,

J. E. MINNEY.

PERCY L. JERMANE, Jefferson Medical College, 1892, of Holton, Kansas, a member of the A. M. A. died at Stormont Hospital, Topeka, March 22, from general peritonitis following an operation for appendicitis, aged 36.

BOOK REVIEWS.

THE SELF CURE OF CONSUMPTION by Chas. H. Stanley Davis, M. D., Ph. D. 12 mo. pp. 176, Clo. New York, 1904. E. B. Treat & Co. Price 75 cents.

This is a very good book to hand over to our tubercular patients. We criticise, however, the good judgment of the publishers in placing an advertisement of a book on family medicine opposite the title page.

The author believes with most observers that drugs are only adjuvants in the treatment of tuberculosis and that the principal treatment must be through rest and food, thus agreeing with Dr. Hall, who spoke before the Golden Belt Society last month.

Dietaries and exercises are listed so that the patient by visiting the physician now and then for diagnosis and observation can easily carry out the details of his treatment even at home. The book, too, will serve to keep its readers out of the hands of quacks.

G. H. H.

THE BLUES (NERVE EXHAUSTION): Causes and Cure, by Albert Abrams, A. M., M. D. (Heidelberg), F. R. M. S., San Francisco, 12 mo. pp. 232, Clo. New York, 1904; E. B. Treat & Co. Illustrated, Price $1.50.

This book is not at all of uniform value. Some parts are excellent presentations of the subject; others bear the evidence of too great haste. The typographical arrangement is decidedly weak and even the proof reading has been imperfectly performed. Fortunately, the author gives a summary at the end of each chapter which is often better than the chapter itself.

The author's views may be gleaned from some quotations:

"Heredity may be responsible for the susceptible nervous system, and it devolves on the individual to obey the laws of hygiene and to avail himself 'of momentary advantages, however minute, to withstand the effects of conditions which either weaken or improve the status of his vitality.' "—p. 21.

"Heredity and environment may be effectually fought by personal effort."—p. 21.

"It is erroneous to suppose that a healthy nervous system can be acquired by vigorous muscular exercise."—p. 24.

"When misfortune or disaster overtakes the Turk, he attributes it to the will of God, or more often to Fate (Kismet), and he piously ejaculates: 'It is fate,' or 'God will provide'. The cultivation of

some belief which inculcates the doctrines of contentment should be encouraged."—p. 29.

"Alcohol is one of the greatest scourges of the nervous system. Consumed even in the smallest quantities by persons of a nervous temperament, it will induce organic changes in the nerve tissues like those of old age."—p. 29.

The author does not believe that uric acid is responsible for much disease, nor does he believe that the auto-intoxication theory is developed sufficiently to be of practical use.

"Christian Science is suggestion plus absurdity; divine healing, suggestion plus faith in God; Dowieism, suggestion plus prayer and holy terror; Weltmerism, suggestion plus imagination, pure; magnetic healing, suggestion plus imagination, also; osteopathy, suggestion plus massage; homœopathy, suggestion plus nothing; allopathy, suggestion plus tubfuls of drugs that either kill or cure; regular or rational medicine, suggestion and medicine mixed with the best quality of brains obtainable."—p. 105.

The book will afford pleasant reading for the general practitioner who wishes to review this subject and who will try to handle this difficult class of cases. G. H. H.

IMMUNE SERA, by Prof. Dr. A. Wassermann of the University of Berlin. Translated by Charles Bolduan, M. D. First Edition. 12 mo. Clo. pp. IX+76. New York, 1904. John Wiley & Sons. Price $1.00.

This is one of the clearest expositions of the difficult subject of the theory of immunity that we have read. Prof. Wassermann is himself an investigator, following Ehrlich and Morgenroth rather than Buchner and Borget. His statements therefore have the clearness incident to personal comprehension.

The translation is good; the typography, paper and appearance of the book excellent.

We commend the book to the careful perusal of Kansas physicians, because it is a primer on the subject in which the greatest advances of medicine are going to be made.

G. H. H.

The Journal

OF

The Kansas Medical Society

A Monthly Magazine for the Benefit of the Physicians of Kansas

GEORGE HOWARD HOXIE, A. M., M. D.,
Editor and Business Manager,
900 Tennessee St., Lawrence, Kansas.

Printed by The Gazette, Lawrence, Kansas.

Volume IV | June 1, 1904 | Number 6

OUR NEW CONSTITUTION.

The constitution printed in the February issue of the Journal was adopted at Topeka. This does away with the double unit and makes the county society of first importance, and in other ways simplifies the machinery of organization.

We trust that every reader of this Journal will now go to work and help organize his county. He should first write to the councilor of his district and with him plan a campaign of organization. Among other means of organization should be mentioned the Journal, which should be put into the hands of every reputable physician in the county. Then Dr. McCormack's article on organization should be widely circulated. But the best means of all is to get the local physicians to give up their mutual jealousies and to think of their common good. It is not necessary to believe that the moment a man receives the title, *medicinae doctor*, he then becomes a saint; but it is necessary, in order to promote our common welfare, to believe that every physician is a man and to the best of his ability a gentleman. We are all trying to do the best we can; and instead of hindering, we should try to help each other develop the best that is in him.

The county organization should be the council for the discussion of business interests as well as for the presentation of professional problems and achievements. Instead of reading papers on abstract

matters, the members could profitably at almost every meeting report cases and present patients. There should be no need to fear lest the patients thus presented should be "stolen," or the case reports be made a basis for a discussion with the laity of the speaker's merits. If we can only be as honorable in these things as we wish our competitors to be, all will be well.

A fundamental truth which should be remembered by those who hesitate to join a county society is that acquisition is always limited to the amount of expression. Thus one who teaches learns more than one who is merely a pupil; one who gives receives more than an avaricious miser. So also the doctor who in free discussion gives and defends his positions is the one who is to grow in professional knowledge and success. The county society is the best place to meet one's colleagues and to prove one's mettle.

Our new constitution also reduces the list of officers, thus doing away with the corresponding secretary, librarian and editor as elective officers. The authority of the society is now concentrated in the council, which has practically the authority of the annual meeting while that is not in session. For this reason there are now a few men who can be held directly responsible for the success of our society the coming year. These men shouldbe notified whenever anything goes wrong or whenever an opportunity for improvement occurs.

Readers should notify the JOURNAL wnenever a new society is organized or whenever any event of interest occurs.

MEDICAL LEGISLATION.

GEORGE A. BOYD, M. D.,
Baldwin.

"The man who has been well and rightly educated to earn and does earn, a fair living by true and solid service, he is a gentleman in the only sense in which it is not both a sin and a shame to be called by that title."—Hudson.

"If thou ask again 'What is to be done?' allow me to reply; By thee, for the present, almost nothing. Thou there the thing for thee to do is, if possible to cease to be a hollow sounding-shell of hearsays; and become were it on the infinitely small scale, a faithful discerning soul "—Carlyle.

The past year has been one of very great importance in the history of medicine in the United States. More has been accomplished

in the way of organizing and unifying the efforts of the profession than in any equal period in its existence. Men of large brain and heart have given their energies to explaining and defining the doctor's place in society. The doctor who stands outside of sympathetic professional co-operation, who does not seek the council of the pathologist, the chemist and other legitimate specialists; can not fulfill his duties to society. There can be but few examples of impotency more pathetic than a general practitioner insulated from the sympathies and living literature of his profession. He is as useless as a lonely neuroblast whose dendrons and neurons failed to develop and whose protoplasm never felt the vivifying touch of its neighboring dendrons.

Dr. Reed, chairman of the committee on legislation of the American Medical Association, in an address before the Kansas City Academy of Medicine gives a concise resume of what has been accomplished.

All the states have established state boards of health in most instances supplemented by county and city organizations. The United States Marine Hospital service has been evolved into a National Public Health Service. Four states, Michigan, Ohio, Indiana and Illinois have reciprocity in medical licensure; international sanitary conventions, public health associations, sanitary conferences have been held. Municipality, home and school have felt the intelligent touch of the science. All the states have laws regulating the practice of medicine. Thirty-two states provide boards of examination and registration. 75,000 of the 140,000 physicians in the United States are members of the American Medical Association. As we are at present organized into a national association with a representative form of government extending from the county society to the national association and supplemented by special committees, we have a frame work around which the twentieth century of medicine may crystalize its efforts. There is a committee on medical legislation appointed by the president of the American Medical Association. There is also a legislative council consisting of one member from each state, the army, navy, public health and marine hospital service. There is further provided a national auxiliary congress and legislative committee consisting of one member in each county in the United States. We thus have full power of expression through our national committee to our representatives in congress. Our state committee on legislation is comprised of one member from each district. (It is suggested that the district councilors and the members of the national auxiliary congress and legislative

committee be co-operative.) It is the duty of the state committee to keep in touch with professional and public opinion. It shall represent the association in securing and enforcing legislation in the interest of public health and scientific medicine. It shall have authority to speak upon questions of greater concern, to the entire association in annual session. With our organization thus completed and concerted action made possible we are a power for public weal or woe never before possible. As the patient accepts his doctor as a friend capable of dealing intelligently and sympathetically with his hygienic, sanitary and medical needs; so must the state and nation accept the profession. If by unwise restrictions, the state limits our power to apply knowledge, as it might do by withholding power to enforce quarantine, the injury is mutual. If we abuse the state's confidence by unnecessarily enforcing or by failure to enforce necessary quarantine again both are injured. In the latter instance the fault is that of the individual doctor. As a profession we must meet the responsibilities our evolution has brought us. We must by professional attainment and courageous conduct deserve the confidence, respect and sympathy of our state and nation. It is the state's interest to give to the profession and to the individual doctor full scope to use any reasonable and conservative means to prevent disease or cure the afflicted. Our laws should be a true expression of the mutual relations of the state and profession. A review of the legislation of the past few years shows much work done to reveal our real intellectual status. The law requiring registration of all the physicians in the state with educational qualifications has been a revelation almost startling. How to deal with the vast number of confessedly incompetent men whom the state had already recognized as legal practitioners and what to do with the semi-competent though criminal men in the profession have been vexatious questions but on the whole have been met and solved. The examination and registration boards have recognized all honorable workers who in their small capacity have done with right purpose what they could. There is a general knowledge on the part of the public that can judge these unpretentious workers with a fair degree of accuracy that constitutes a natural and safe limit to their work. But when they have had to deal with quacks the problem has been most difficult. The public possessed of much possible quackery gives to these men a rich support.

Carlyle says, "Quack and dupe, as we must ever keep in mind, are upperside and underside of the self same substance; convertible personages, turn up your dupe into the proper fostering element

and he himself can become a quack; there is in him the due prurient insincerity, open voracity for profit and closed sense for truth, whereof quacks too in all their kinds are made." For these reasons no law can be devised that will not allow a certain number of quacks to filter through and neutralize the dupe affinity in society. What can be done for the present has already been accomplished.

Looking to the future and examining the provisions of the law as it affects our development I think some amendments of importance can be submitted and within reasonable time carried. To me the most serious error in our law is the recognition by the state of schools of medicine. Anything that remains in the field of speculation might deserve a laboratory for investigation but has no place in an examination to test the qualifications of a doctor whose business it is to recognize disease, prevent it when possible, and treat it according to the known facts of his profession. "A citizen trusted with such a responsibility should be required by the state to have the knowledge and not be allowed to hide his ignorance behind a dogma." The solution of this problem is not difficult because of the intricacies of the ethical questions involved but because of the politician and of the failure of homoeopath, eclectic and regular to understand each other. The regulars have never taken a consistent position and insisted on giving and receiving justice. They have begged like alms seekers of their legislators to give them the legal right to do for society the very things which if they did not do society could not exist. On our right to exercise the full powers of our science, and our full capacity to educate the future men of our profession unhampered by restriction or dogma, does society exist (in health.) It is just as much the duty of one student as another of medicine to acquaint himself with the history and facts of homœopathy and eclecticism. Leave pure theoretical questions out of examinations and submit only such questions as can be subjected to the scrutiny of scientific experiment. Require of each the same knowledge of fact and they will soon find their differences vanished, their sympathies and purposes united, and we will soon have done with that disgrace — the "round and flat" questions in our state examinations. More and better still, we will have a profession without vulgar dissention and a public respectful and confiding. There has been enough of co-operation between the three schools of medicine to destroy much of the fear that one wishes to injure the other. There is a difference between insisting on justice and the fear born of malice that destroys.

To remedy this defect I would propose to strike from section

6665 this clause: "Provided further that the examination in materia medica and therapeutics and in the theory and practice of medicine shall be conducted by those members only of the board who are of the same school of practice as the applicant claims to follow."

There is injustice in the representation of both the state board of health and the state board of medical examination and registration. There is needed on the part of the regular profession and the state only a guarantee of good faith in maintaining all grants of privilege of the past to the other schools, but it is also right to insist on a good representation of scientific medicine on these boards.

For the early work of deciding who should or should not register in the state the boards have been tolerably efficient. In our state so long as the master mind of Dr. Williston decided the official acts of the board there was but little to be criticised; but time and the problems which it has brought have revealed some serious defects. The board may represent the average of professional intelligence and also our average weaknesses. But it should represent our maximum of intelligence and our minimum of frailties. Four of the seven belong to the sectarian schools and consequently control its official acts. The regular profession of our state in number are to the sectarian profession as eight to one. Throughout the United States the regular profession educates 90 out of every hundred doctors. Simply as to number the profession of medicine is not justly represented on the board. By no amount of charitable consideration can the board as a whole said to possess educational culture or scientific attainment. Besides its defects in letting incompetent men pass its examination, it is of no force as an educational factor. These, Gentlemen, are faults of our own. I speak with charity and with a consciousness of the injustice of the state imposing a responsibility of great weight upon a citizen of tender strength and then regarding his conduct with contemptuous scorn. It is our shame and his misfortune. I would amend the section of our statute providing a state board of examination and registration by providing that the members of said board be constituted as follows: The dean of the faculty of the Medical School of the State University to remain a member of the board as long as he retains his position; the secretary of the board of health also to remain a member as long as he holds his position; two members from the state medical society and one member from each of the other two state medical societies to be elected at each annual meeting of said societies. No members of said societies to be eligible unless he is actively engaged in giving clinical or scientific instruction in some legally chartered medical school in the state. If

no such person can be found in any of the schools then their respective state societies may select some one of their own members, and the seventh member of the board may be appointed by the governor from the qualified profession of the state.

Let the law provide that in the examinations all questions of fact in any branch whether of homeopathic, eclectic or allopathic origin be asked of all alike and all graded impartially on their answers. In case injustice is complained of give the plaintiff the right to have the question decided by the courts of the state as any other question of justice is decided.

In providing the list of questions in the various subjects for examinations these rules might be observed: No question may be submitted that is not a question concerning known data of medicine. In furnishing the questions the three schools of medicine should be allowed to ask as many questions on the list as is the ratio of their respective numbers in the registered profession of the state.

In order that the state keep faith with its citizens who propose fitting themselves for the medical profession it is necessary that it provide them with the means of obtaining this knowledge. The law should provide for a medical school in connection with the State University. This state school should be made a standard of medical education in the state. All schools of medicine should be required to give evidence of providing as good an institution of medicine both as to teaching force and laboratory facility.

Let the state of Kansas as have Colorado, Nebraska, Missouri and Michigan have done, provide for a complete medical course at its State University. Let us as physicians of the state give such an institution our earnest support. We may do very much now by advising our prospective medical students to attend Kansas University during the first two years of their professional investigation. We have already an equipment for the first two years of instruction unexcelled by any institution west of Chicago. The facts of physics, chemistry, physiology, histology, anatomy, embryology, bacteriology, pharmacology, materia medica, pharmaco-dynamics, pathology, are taught by practical work in the laboratory, the student participating in the methods and manipulations of the laboratory necessary for the acquisition of these facts.

In order to practically furnish our medical students with clinical material we would need a state hospital. Its location whether at the State University or elsewhere would be a matter for later determination.

THE TOPEKA MEETING.

The meeting at Topeka was the largest in the history of the Society. A full record of its doings was scheduled for this issue but has not been received from the secretary at the time of going to press. We hope to present this record next month. One thing, however, we can present and that is the report of the chairman of the committee on legislation which is printed in another column.

The COUNCIL is composed of the president, secretary, treasurer and Dr. E. T. Shelley of Atchison, Dr. M. F. Jarrett of Fort Scott, Dr. F. M. Daily, of Beloit, Dr. O. J. Furst of Peabody, Dr. E. E. Hazlitt of Abilene, and Dr. C. E. McCarty of Dodge City. They have the duty of organizing every county in the state during the coming year.

DUES—Hereafter the State Society assesses direct the county societies two dollars for each member reported by the latter.

CARD INDEX—The secretary has been directed to make out a card catalogue of all the physicians in the state. Each county society will also have a card index giving the history and character of every physician in the county.

THE JOURNAL—The officers were directed to draw a warrant on the treasurer for one dollar for every member of the society to pay his subscription to the JOURNAL. This gives the JOURNAL a solid financial basis for the coming year.

THE NEXT MEETING will be held in Wichita at such time as the Council shall determine.

DR. MCVEY will represent the society at Atlantic City this year.

MEMBERS--Hereafter the State Society has no membership of its own, but only the members of the component county societies. Therefore, if a man in Douglas county, for instance, is not a member of the Douglas County Society he is not a member of the State Society.

DISTRICT SOCIETIES—The great district societies will probably now be officially known as multiple county societies. It is to be hoped, however, that they will organize their counties and thus become real district societies in the sense of the new constitution. Thus if the Golden Belt is a multiple county society only, it will contain only the men in the counties covered. If, however, it becomes

a district society, then any one who is a member of a county society whether it be Shawnee or Wyandotte or Labette may be enrolled in its membership. It is therefore to the interest of the members of these societies to organize the counties in their territory.

DOUGLAS COUNTY MEDICAL SOCIETY.

May 3, 1904. Regular meeting at Dr. Simmons' office. Those present were Drs. Chambers, Simmons, Smith, Leslie, Hoxie, Harvey, Keith, Hamman, H. T. and G. W. Jones, Naismith, Clark and Profs. Sayre, Bailey and Blake. Dr. H. W. McLauthlin of Denver was present as a guest of the society.

The minutes of the last meeting were accepted as read. Information was asked about the legal status of a man who was selling medicines in town. The secretary reported that the county attorney had been consulted and he had stated that from the evidence submitted to him, the man had kept within the law.

Prof. Sayre reminded the members that the American Pharmaceutical Association was to meet in Kansas City in September and asked the physicians to do what they could to help entertain the visitors.

Dr. G. W. Jones asked if others besides himself had recently seen what the patients themselves (chiefly adults), and their families thought were second attacks of measles. He had diagnosed these as German measles on account of involvment of the cervical glands. Two other members had seen such cases and agreed with the diagnosis.

Dr. Hoxie brought up the subject of some of the local pharmacists "prescribing over the counter" and asked if something could not be done to stop it.

Prof. Sayre outlined the law relating to it and showed that if a person stated to a druggist that he had a certain disease and wanted to buy a remedy for it, there was no reason why the druggist should not sell him a proprietary remedy recommended by the maker for that particular complaint, but that it only needed a slight departure from the terms of such a given case to make the pharmacist guilty of unprofessional conduct and amenable to law. It seemed to be the opinion of the society that just so long as the physicians continued, as at present, to supply practically all of their own medicines, there could be no just ground for complaint against the druggists. The matter of dangerous, inert, and swindling secret proprietary remedies was thus introduced and caused a lively discussion.

Profs. Bailey and Sayre gave notice that the chemistry and pharmacy departments of Kansas University were prepared to ana-

lyze and report on any such compounds for the benefit of the public health, and in order to start the work, it was voted that a bottle of "Liquozone" be purchased and sent to the University for analysis, the result to be printed in the "JOURNAL" in order that Kansas physicians might know exactly what it contained, and use or reject it on its merits, rather than on its label.

Dr. G. W. Jones moved that the delegates be instructed to request the State Society to authorize elimination from the "JOURNAL" advertising pages of all secret nostrums and proprietary preparations which are addressed to the public in the daily papers, and those of any nature which do not give the formulae on the labels or whose contents do not correspond to the formulae given. This motion was seconded and carried by vote.

A. W. CLARK,
Secretary.

FIRST DISTRICT.

TREASURER'S NOTE.

Atchison County Auxiliary was first to pay up for 1904, 13 members and 2 members left state.

Doniphan has 4 members paid up, 2 in arrears, 2 left state.

Douglas has 13 members paid up, 5 owe for 1904, 4 unpaid for 1903 and 1904.

Leavenworth has 21 members paid up for 1904 including 5 new members, 8 in arrears for current year.

Nemaha has 25 members for 1904.

Shawnee has 5 members paid for 1904, 38 in arrears for current year and 12 for 1903 and 1904.

Wyandotte county comes in with 31 members paid up, 1 lapsed for 1903, 1 for 1904, 8 new members.

C. C. GODDARD,
Treasurer.

CLOUD COUNTY SOCIETY.

April 22, 1904, Cloud County Medical Society held a regular meeting at Dr. A. R. Marcotte's office. Those present were: Doc-

tors Brierly, Weaver, Coffey, Sawhill, Zimmerman, Caton and Marcotte. President Brierly presided.

Election of new officers followed the reading of minutes.

Officers for next year:

President, Dr. A. J. Weaver.

Vice President, Dr. Hartwell.

Secretary, Dr. Marcotte.

Treasurer, Dr. Sawhill.

The following delegates were elected to the state meeting.

Drs. J. H. Brierly and C. F. Leslie. These to select their alternates.

Dr. Sawhill read a paper with "Lobar Pneumonia" as subject. All present joined in the discussion.

Meeting adjourned subject to call of president.

DR. A. R. MARCOTTE,
Secretary.

SMITH COUNTY SOCIETY.

At a meeting of the Smith County Medical Society (auxiliary) held at the office of Dr. D. W. Relihan April 25, 1904 the following officers were elected for the ensuing year:

President, Dr. M. F. Leary, of Gaylord.

Vice President, Dr. B. W. Slagle, Smith Center.

Secretary and Treasurer, Dr. D. W. Relihan.

Dr. Slagle was selected as Fellow to the Kansas Medical Society and Dr. F. M. Bilby was chosen a member of the nominating committee.

Dr. J. C. McClintock of Topeka was expected to be present and read a paper but was prevented by delayed trains.

The following members paid dues and are entitled to receive the JOURNAL:

Dr. Milo Robertson, Cedarvale.
Dr. F. M. Bilby, Kensington.
Dr. J. A. McCammon, Reamsville.
Dr. H. A. Dykes, Lebanon.
Dr. J. B. Dykes, Lebanon.
Dr. S. B. Dykes, Lebanon.
Dr. M. F. Leary, Gaylord.
Dr. B. W. Slagle, Smith Center.
Dr. Hector Morrison, Womer.
Dr. D. W. Relihan, Smith Center.

D. W. REEIHAN,
Secretary.

OTTAWA DISTRICT MEDICAL SOCIETY.

Program, April-September, 1904.

APRIL 27.

Pneumonia.....A. Haggart
Complications and Sequelae of Pneumonia..... G. K. Janes

MAY 25.

The General Practitioner and the Microscope.....H. B. Johnson
Discussion.....H. W. Gilly, W. D. Huff
Nephritis..... John B. Davis
Discussion.....R. S. Black, E. B. Gossett

JUNE 29.

Summer Diarrhœas..... J. R. Thornberry
Discussion.....L. C. Onyette, M. L. Foster
Infant Feeding.....W. F. Neinstedt
Discussion.....J. R. Lytle, W. den Smith

JULY 27.

Diagnosis of Pregnancy and Care During Gestation.....C. W. Hardy
Discussion.....J. Davis, V. E. Lawrence
Management of Puerperium.....Cora A. Moon
Discussion.....H. W. Wright, W. M. Ewing

AUGUST 31.

Typhoid Fever.....H. P. Monroe
Discussion.....J. C. Casto, F. C. Herr
Malaria.....T. J. Smith
Discussion.....W. L. Birney, H. L. Kennedy

SEPTEMBER 28.

Relations of Physician, Nurse and Patient.....C. W. Ewing
Discussion.....A. Haggart
The Practice of Medicine as a Business Proposition.....R. S. Black
Discussion.....W. G. Burris

THE MEDICO PSYCHOLOGICAL SOCIETY meets at St. Louis, June 1, 2, 3, under the presidency of Dr. A. E. McDonald.

TRAINED NURSES.—Young ladies desiring to be trained for nursing should write at once to the superintendent of Welsh Hospital at Hutchinson, Kansas.

DR. J. E. MINNEY has resigned as Dean of the Kansas Medical College at Topeka. Dr. H. L. Alkire has been elected to succeed him and will represent the school at Atlantic City this year.

ACUTE OTITIS MEDIA.*

J. P. BLUNK, M. D.,
Atchison.

In selecting this subject it is not our intention to discuss in detail the problems in the pathology of acute middle ear inflammations, or to offer anything new in the diagnosis and treatment. The chief object being to discuss briefly the line of treatment followed by us in this trouble, which is so frequent, and often neglected or worse wrongly treated.

Acute otitis media occurs in two forms, the catarrhal and the suppurative; and, together with the diseases which follow it, constitutes more than sixty per cent. of all ear affections. In the catarrhal form it is almost as common as acute coryza, and if properly managed will, in nearly all cases, fail to go on to suppuration, but will clear up leaving the ear practically uninjured.

Acute otitis media nearly always has its beginning in an acute inflammation of the naso-pharynx. The inflammatory process extends along the Eustachian tubes to the middle ear.

Pain is seldom a prominent symptom in the catarrhal form of acute otitis media, in fact, we have seen many patients who never complained of it. Loss of hearing and the feeling as though the ears were stopped is usually the most prominent symptom and it is for the relief of this feeling that the service of the physician is usually sought. This sensation is brought about by the closure of the Eustachian tubes, and can usually be temporarily relieved either by Valsalvan auto inflation, or inflation with the rubber bag. It is against the routine practice of inflating the middle ear in this condition that we wish especially to speak. It is always a great temptation, when a patient comes in complaining of loss of hearing, and the disageeable sensation as though the ears were stopped, for the physician to inflate his ears and at once temporarily restore his hearing, and relieve the disagreeable sensation. But it is the wrong thing to do. Yet this line of treatment is recommended in nearly all the leading text books on the subject of otology.

Dr. Barnett says: "This stoppage of the Eustachian tubes in the early secretory stages of an acute coryza is beneficial, since it is

*Read before the First District Society, Feb. 11, 1904.

nature's seal set against the entrance of pathogenic germs from the nasopharynx into the normally aseptic middle ear. If this seal is broken, either by forcibly blowing of the nose, Valsalvan auto-inflation, or the inflation bag of the surgeon, it is done to the injury of the patient, as pathogenic germs are very likely to be forced by such manipulations from the nosopharynx into the middle ear, and an acute purulent inflammation of the drum cavity set up."

So in the treatment of acute catarrhal otitis media it should be remembered that all forms of inflation, also douching and syringe of the nares and naso-pharynx, greatly increase the liability of purulent infection of the middle ear, since all of these tend to force septic material from the nosopharynx into the drum cavity. In most cases the only local treatment of the nares and noso-pharynx we use in this condition is a bland oily spray such as liquid albonine with 10 grains each of menthal and camphor to the ounce. In the external auditory canal we instill two or three times daily a solution of glycerine, containing 20 grains each of carbolic acid and cocaine to the ounce. If this simple line of treatment is adhered to, especially in the early stages, nearly all of these cases will terminate without suppuration.

Instead of undergoing resolution acute catarrhal otitis media may become an acute purulent otitis with any of it complications, such as mastoiditis, meningitis or brain abscess. The importance of the early recognition of this form of acute otitis should never be overlooked, as delay may not only destroy the hearing, but the life of the patient as well.

The symptoms in acute purulent otitis are much the same as in the advanced stages of the catarrhal form. The hearing is more impaired, pain is usually intense, and may become so severe in children as to cause convulsions. The temperature is increased, and may reach 102 or 104. Upon inspection by means of the head-mirrior, and ear-speculum the drum membrane is congested and swollen, and if severe pain, which is due to the pressure of the exudate in the drum cavity, has existed for six to twelve hours there is usually bulging of the drum.

In the mild cases of acute purulent otitis the patient should be kept indoors and given a moderate purge. The pain can often be relieved by means of dry heat in the form of the hot water bottle. We often prescribe douching of the external auditory canal with a hot carbolized solution 1 to 40. If the pain continues, with a tendancy to increase, for twelve to eighteen hours; and upon inspection, the drum membrane is found bulging paracentesis should be per-

formed at once. This operation should always be done, antiseptically thoroughly, and with reflected light.

After the incision of the drum the physician can not be too careful in the after-treatment of these conditions. Everything that comes in contact with the diseased portion of the ear should be sterilized. If this precaution is not taken, mixed infection is likely to occur, and the acute purulent converted into a chronic purulent otitis. The middle ear and external auditory canal should be cleaned daily with Seigle's otoscope, and dry sterilized cotton mops. They should then be packed lightly with sterilized gauze, and this covered with an external dressing. This protects the ear and favors drainage. In ten days to two weeks nearly all cases of acute purulent otitis media will recoven under this line of treatment.

Dr. Wright of Emporia is dead.

Dr. Eli Swarts, from Ohio, 1898, died in Kansas City, Kansas, April 28, from erysipelas.

Dr. Albert M. Younkin, Columbus, (Ohio) Medical College, 1847, died at Florence, April 25, aged 79.

Dr. Farquhard Campbell, University of Michigan, 1883, for eight years superintendent of the Osawatomie asylum, died in Kansas City, Kansas, March 17, from apoplexy.

The Illinois Board of Health has issued a neat pamphlet giving the registration requirements of each state. It gives the 1904 circular of the Kansas Board, which requires either (1) two years of school and ten years of practice, or (2) three years of school and five years of practice, or (3) four years of school.

SUPPORT BOK—The effort of Edward Bok in the *Ladies Home Journal* to overcome the patent medicine evil should be supported by every decent physician and citizen in the country. Defend him against slander. Write him Godspeed in his crusade.

THE PURE FOOD BILL failed of passage in congress, therefore every doctor in Kansas should make it his personal business to see tnat each one of our senators and representatives realizes the importance of the bill. Write your influential friend and do it now. If you want progress, now is the time to prove it.

THE TRI-STATE MEDICAL SOCIETY of Iowa, Illinois and Missouri will meet in St. Louis, June 15th, 16th and 17th. An interesting program is being prepared, and some of the most distinguished physicians and surgeons of the country will attend the meeting. The president is Dr. W. B. La Force, Ottumwa, Iowa; and Dr. Louis E. Schmidt, 1003 Schiller Building, Chicago, is the secretary. Dr. James Moores Ball, 3509 Franklin Avenue, St. Louis, is chairman of the committee on arrangements.

ANTIKAMNIA ADVERTISED TO THE LAITY. That this preparation is now to be classed with Perry Davis' Pain killer *et. al.* is evidenced by the following letter:

ST. LOUIS. U. S. A., April 27, 1904.

MRS. H. G. HOXIE:—We are pleased to enclose a sample of Antikamnia Tablets. A sample of something sood is a "good thing" to keep about the house or for convenience, in your purse.

"Antikamnia Tablets" will relieve all headaches, neuralgias, la grippe, insomnia and especially women's aches and ills. The enclosed booklet tells when and how many, and druggists everywhere sell them in any quantity or in our regular "Vest-Pocket-Boxes" as below. Sincerely yours,

THE ANTIKAMNIA CHEMICAL COMPANY.
Frank A. Ruf, Pres. & Treas.

CORRESPONDENCE.

THE "BEAM" AND THE "MITE."

Mr. Editor:—In the criticism by Dr. Lucian Haw of 'The Proposed Optometry Bill" in the March number of the *Buffalo Medical Journal*, he remarks, "In view of this there seems to be no question but that any one who attempts to prescribe glasses should also have

a knowledge of anatomy—at least of the eye—of physiology, enough to recognize the relation between the eye and other parts of the body that he should have a considerable knowledge of medicine and certainly a thorough knowledge of urinary analysis."

All this is granted, but are there not a few things that the physician and surgeon should also know which he does not know in order to qualify him properly for the practice of his profession?

For instance, we quote the following from the "London Letter" in the April *Therapeutic Gazette.* The writer is giving an account of the proceedings of the Medical Society of London and says that "a case was mentioned in which removal of the ovaries had been proposed for the cure of severe dysmenorrhoea, but the symptoms subsided with the simple provision of spectacles for an error of refraction in the patient."

Does it not appear from this that the surgeon who proposed the operation did not know that eye-stain is the cause of many serious reflex troubles, of which one is dysmenorrheoa? And in view of this and many similar instances that might be given does there seem to be any question but that any one who attempts to practice medicine and surgery should also have considerable knowledge of the effect of ocular reflexes?

Now, is not ignorance on the part of the surgeon just as bad as on the part of the optician, and are not his mistakes on account of his ignorance of refraction troubles just as liable or even a little more so, to be serious than those of the optician from his lack of knowledge of medicine?

From my acquaintance with physicians and surgeons in general in this country I think it would be safe to say that not one in ten in the Medical Society of London could correct an error of refraction or determine its character or effects.

There is much that all of us would be the better for knowing and should know, and the recognition by each one of his own shortcomings would contribute more to our improvement than the disparagement of others.

The truth is that a correct diagnosis cannot be made in many cases by either physician or optician without each possessing much more than he ordinarily does of the knowledge of the other. But as the capacity of the human mind is limited and all knowledge is not possible to any man, the remedy is this, that each should at least know when to call to his assistance the knowledge of the other.

Pleasanton, Kansas. R. J. PEARE.

CLIMATIC TREATMENT OF PULMONARY DISEASES *

J. N. HALL, M. D.,

Professor of Medicine, Denver and Gross Medical College: Visiting Physician to Denver City and County Hospital, etc., etc.

I should not bring this subject before you were it not for my firm belief in the great urgency of the need of a wider knowledge concerning it. It is no exaggeration to say that the average practitioner can probably save more lives by early diagnosis and prompt action in cases of pulmonary tuberculosis alone than in any other single ailment. The subject receives but scant attention in the ordinary curriculum of the medical school, and is not one that forces itself upon the attention of the physician after graduation. The general practitioner must know what to do with a fracture, an acute attack of appendicitis or a case of typhoid fever, but in too many cases the poor fellow with a chronic cough must wait until all these have taken the best attention that the doctor can give, and then it is too late.

Those of us who practice in the larger cities of Colorado see so many lamentable illustrations of the danger of delay that I feel sure you will gladly listen to our side of the story. Only today I sent back toVirginia a poor fellow with one lung solidified, with advanced laryngeal phthisis, hectic fever, night sweats, hemorrhages, and the whole ominous troop of tuberculous manifestations, who had spent his all to reach Colorado. After seventeen days he was himself convinced that he had come too late,—a fact obvious enough at a glance to a physician. I have seen scores of similar or even worse cases. Yet most of these patients might be saved by prompt recognition and treatment.

First in importance as in frequency amongst the pulmonary diseases demanding our attention comes tuberculosis. All that we have to say might well be condensed into "make the earliest possible diagnosis." But this needs amplification. It is not that the diagnosis of consumption is so difficult; it is that we are not sufficiently alive to the early manifestations of the disease.

My own explanation of the manner in which such a mistake is made as that of sending to Colorado the patient just mentioned is as follows: A man complains to his physician of a cough. Without

*Read before the Golden Belt Society, April 7, 1904.

inquiry as to loss of weight, night sweats, lack of appetite, or special exposure to tuberculosis infection, and without even so much as listening to the chest with the naked ear through the clothing, a prescription for a cough mixture is given, with the ready assurance that it is "only a cold," although I am persuaded that no member of this society would be thus guilty. Relieved of any fears he may have had the patient returns to work and losses another ten pounds before again seeing the physician. Even then he is too often put off with the statement that the cough will be "better when the weather becomes settled." At this time the finding of the bacillus in the sputum, or of fine rales and perhaps a shade of dullness in one apex might save the day, but the poor patient returns again to work in a deleterious atmosphere when he ought to be at absolute rest in the open air. Finally it is so manifest that the patient is seriously ill that a change in diagnosis or in climate becomes imperative. The chest is at last, months too late, stripped for examination, and, as a result, the patient is sent away for the change of climate, even then oftentimes with a diagnosis of bronchitis. Evidently certain physicians lack the moral courage to state to a patient that he has consumption; it is so much less disagreeable to agree with the family idea that it is "only a cold."

How different the result when one's suspicions are more easily aroused! I have long believed that proportionately more physicians recover from pulmonary tuberculosis in Colorado than men of any other occupation. They realize in their own cases the significance of the early signs, seek expert aid at once and frequently present themselves at our offices within ten days of the first slight hemoptysis, or of the finding of a few crackles in the apex, or a stray bacillus or two in the sputum. It is strange that we do not all lay down a more rigorous course for our patients with the same symptoms!

Any patient who has had a cough lasting over two weeks, with loss of weight beyond a few pounds, ought to be regarded as suspicious. His temperature should be taken daily, his pulse watched for increase in frequency, his chest examined for the ominous fine crackling in one apex, and his sputum for bacilli. It is so easy to send sputum by mail for expert examination that the mere fact that one does not do this work himself is no excuse. There is scarcely a place in the United States so remote that one could not receive expert help within a few days along this line.

The early diagnosis being granted, what must one do to be saved?

Climatic treatment does not necessarily mean the sending of a patient to a distance. Much may be done in any reasonable climate,

and certainly in one such as you have here,—really a Colorado climate on a smaller scale. One of your number, familiar with the treatment of tuberculosis in my own state, has just told me of the wonderful improvement, with a gain of thirty pounds in weight, which has resulted, in a city near you, in a consumptive so poor that he could not be sent away. I may say that any fair climate, with judicious treatment, in the incipiency of tuberculosis, is better than the best climate in a later stage.

When the diagnosis is established the next step is not really treatment, but an honest statement to the patient. If you convince a man that he has consumption, and that you can offer him a fair chance for his life if he will follow your guidance, he will ordinarily co-operate cordially. Without full conviction as to the diagnosis such co-operation is generally impossible.

The first step in the treatment should be absolute rest. So long as there is rise of temperature each afternoon there is no other safe procedure. The patient should sleep in a room so well ventilated as to be practically out-of-doors, or, in suitable season, in a tent or upon a porch. If dressed during the day it should be simply that he may lie upon a lounge or cot, and not that he may walk about. So long as there is fever, rest in the recumbent posture is imperative if one is to hope for recovery.

The feeding must be along such a line as to force a gain in weight if possible. The two strongest features in a favorable prognosis are subsidence of fever and gain in weight, and they commonly go together in favorable cases. The patient should drink several pints of milk or buttermilk daily, and as much cream as he can digest, from four to a dozen or even more raw eggs, with beefsteak or other fresh meat where possible, or beef juice if the meats cannot be taken. Other foods may be admissible but not to the exclusion of the ones mentioned. The patient's recovery perhaps depends more upon his ability to take and digest food in spite of his infection than upon any other single factor.

But, you ask, what about his medicinal treatment? Many patients recover without medicines; few without some such line of climatic and dietetic treatment as we have outlined.

I believe these patients should take strychnine as a tonic, creosotal or guaicol in moderate dosage if the stomach is not disturbed by their use, cod liver oil in cold weather or extract of malt, syrup of hypophosphites and other roborants as may suit the individual case.

If the average doctor would think less about drugs and more

about air and food for his consumptives it would be a distinct gain. If the weather be severe, or the patient live in a region where dampness, fog, coal soot, dust, impure air and lack of sunshine combine against him he had better be sent at once to a higher and dryer climate. Probably no region of the world offers better chance for these patients than the great eastern plateau of the Rocky mountains, upon the approaches to which we now are. A pure atmosphere, freedom from exposure to the bacilli of tuberculosis, abundant sunshine, cool nights even in hot weather, dryness and rarity of the air, all combine to give the patient a chance to better resist the advance of the bacillary infection. Ninety per cent of these cases may probably be saved if the diagnosis only be made early and the treatment instituted at once.

I know of no serum treatment of this disease that deserves to be mentioned in comparison with the measures outlined.

The cases that recover most certainly and completely are those seen while the pathological basis of the disease is as yet only a capillary bronchitis in one apex, with dullness so little marked as to be difficult of detection. Such cases should be treated as if they were tuberculous, even in the absence of microscopic confirmation. The finding of the bacilli in the sputum is a great thing; the cure of a patient with an apical catarrh and a loss of ten pounds of weight, but without the finding of the bacilli is a greater one. Let us take to heart the lesson that when one sees much smoke it is best to call the fire department first and hunt for the exact source afterwards; that when one hears a bad cough it is best to act as if it were of tuberculous origin, and cure the patient, even without a microscopic verification of the probable diagnosis, than to obtain the latter at the expense of the patient's lung tissue.

*"The predominance of the fibroid element in the tuberculous process is certainly favorable as to slowness of advance, but cases with this characteristic rarely attain the complete arrest so often seen in the early catarrhal cases. I see many of these cases following pleurisy with effusion which go on for many years, always coughing and expectorating a little, with very gradual loss of weight, with bronchiectasis, and perhaps finally, apical cavity formation. These cases have many years of useful life here, beyond what they would have enjoyed in a less favorable climate.

"Persons with a bad family history of tuberculosis may well consider the advantage of moving permanently to a high, dry region

* Quoted from a paper presented by the author at the American Therapeutic Society, Washington, May, 1903, and published in the *Medical News*, November 21, 1903.

before the advent of signs of the dreaded disease. In cases where the lung does not entirely re-expand after pleurisy with effusion, two reasons should counsel us to send them to a considerable altitude. Firstly, the rarer atmosphere favors the expansion of the crippled lung; and secondly, the development of tuberculosis is thereby directly rendered less likely. In addition we have the general antituberculous effect of the climate, even though the lung cannot re-expand because of adhesions.

"I think there is no question that glandular tuberculosis progresses more favorably here than an at sea-level. This opinion is certainly held by Dr. Leonard Freeman and other surgeons of Colorado who have had experience both here and in large cities in the east.

"Many cases of asthma are permanently relieved in this climate. The less the association with asthma, or its twin evils, chronic bronchitis and emphysema, the greater the chance of such permanent relief. If, however, the emphysema be not extreme, or associated with weakness of the right heart, such cases may be safely regarded as favorable for altitude treatment. The well known purity of atmosphere of higher regions does much more good than the decreased density of the air does harm, the relief of the spasmodic element and of the bronchitis being the striking features in bringing about the improvement.

"Almost constantly in those who have lived for many years in our mountains one may observe an increased chest development virtually amounting to moderate emphysema. This is a compensatory process, because of the need of greater lung surface. Its origin, however, should teach us that the improvement in asthma and chronic bronchitis in this region is in spite of, not on account of, the emphysema. On the plains of eastern Colorado or western Kansas and Nebraska the lesser altitude is more favorable for cases with decided emphysematous changes.

"The complication of tuberculosis of the lungs by organic heart disease often causes difficuly in deciding where to send a patient. I think we shall generally be right if we respect more the predominant condition. If any material dyspnea be caused by the heart trouble, only an incipient tuberculosis would probably be susceptible of improvement in a high altitude."

Cases of winter bronchitis, or chronic bronchitis not associated with asthma and emphysema are oftentimes benefitted by removal here from a damper and more changeable climate. Many advanced cases probably do still better in a lower and more equable region.

A PATIENTS' STORY.*

The Effect of Thoughtless Remarks.

Ever since the time when bleeding was the chief remedy for all diseases, the human family have dreaded more or less the remedies prescribed for their recovery.

For example those suffering from too much flesh whose good hearty appetite is their chief delight, who readily succumb to the efforts of the "sandman" as the shades of night draw on and to whom a siesta is most agreeable; they, much to their chagrin, are told to eat less, sleep less and work more, to walk, run, jump hurdles and punch sand bags.

The thin nervous person, whose bed seems always full of bumps that touch the tenderest places, who is full of energy and to whom a good meal is a matter of indifference; he is told to sleep more, eat more and work less.

Small wonder then that many defy the doctors and consider the remedy worse than the disease.

As I lay among snowy linen and soft pillows in No. 16 and counted and fitted tunes to the rounds of my bedstead in a vain endeavor to find something interesting to occupy my mind, I at last dropped upon the subject above mentioned and was at once filled with self-complacency. I had really not been worse than many others, when I had for so long rebelled against the advice of my own physician.

When this advice, that I must undergo a surgical operation or forfeit my life, first came to me, the shock was tempered by doubts of the doctor's correct diagnosis.

When its truthfulness became more and more evident, and I began to fear there was no escape. I feared the chloroform much more than the surgeon's knife. For this, I should have been pardoned from the fact that two of my relatives had died from surgical operations, and in each case I held the chloroform largely responsible.

One died immediately after the operation from heart failure and the other vomited to death. Of the wise measures of modern surgeons to prevent such results I had no knowledge. To this was added the fact that only a short time before the consultation with my physician, I had read a learned article, in which the writer stat-

*The experience of a patient in room 16 of the Welsh Hospital at Hutchinson, written up during her convalescence.

ed that there was no such thing as absolute safety in administering chloroform, that at times, when everything seemed favorable, it caused the patient's death. It is hard to describe the horror I had of it. That horror was not lessened, when upon telling a friend the advice of the physician, he told me his sister died upon the operating table from the effects of the chloroform.

A few days later, two very dear friends called upon me and advised me to waste no time, but have the trouble over with immediately. In the course of the conversation however, one of them told of a friend who died from anesthetics during an operation. It isn't necessary to say that I didn't take their advice.

Several months later I visited a noted specialist in the hope of receiving different advice. The hope was vain, the advice the same I had received again and again. Perhaps it would be well for me to let the doctors escape, but I shall not do so.

During the consultation this physician told of a woman with heart trouble, who had recently died from the effects of the chloroform administered during an unnecessary operation. At this time my heart was beating at the rate of from 98 to 125 according to whether I was quiet or moving; and his story was far from reassuring. I think I was really foolishly nervous after that and a friend, a medical student, in her efforts to give me courage, told me she had never seen but one person die on the operating table and that one died from fright.

Gracious! gracious! I didn't suppose she had seen more than three, in this I may have been mistaken. At that moment I thought I could easily die from fright and really I hadn't a mite of choice between fright and chloroform.

To name all of the persons who had died of the same disease I had that I was told about would take too much time and space so I only mention a few.

When first thinking of going to a hospital some of my friends said, "Don't go, Mrs. B. had your trouble and went to the hospital and died in three months after the operation." I also learned that Mrs. C. had the knife used and the trouble came back and she died in about three years.

One cancer specialist who used the plaster method told me that whatever I did, never to resort to surgery,—that I would live longer without. He then told me of cases where surgery had been used and the end was most miserable. He also told me he had cured a case like mine, but when I asked for her name and address he refused to give it. I finally concluded that she was probably dead,

and after I had taken his medicine about three weeks, I had no occasion to change my mind.

At the last medical consultation I had, the physician, after telling me of three hopeless cases of cancer, one in which both the plaster and surgery had been used, calmly told me that the cost of a surgical operation would be no heavier than my funeral expenses, and that of course I could choose which way the money should be spent.

After what he had said, I half feared there would be both expenses. However, when I made up my mind to follow my first advice, I found myself as calm on the operating table before and durthe time the chloreform was being administered, as when in my bed at home.

Later when one of my callers at the hospital began to tell me of a pitiful case of cancer, I waved my handkerchief and said, "Don't! Don't tell me that, I know all and more than I want to know on that subject now!" The story stopped but it was on my friend's mind and afterward when there was a lull in the conversation, the story began again and I meekly heard it to the end. The "unkindest cut of all" though was when our own physician told my husband that it was nervousness that had made me so weak and sick.

Dear! dear! if my nerves hadn't been like steel wouldn't I have had hysteria and nervous prostration? It hurt, because I really prided myself on the strength of my nerves, so I humbly add my own diagnosis: I was sick and weak from the medicine I had taken to drive out the disease and what nervousness I had came from my sickness and weakness.

CHEMICAL EXAMINATION OF THE URINE*

J. F. PRESTON, M. D.,

Effiingham,

(Continued from last month.)

The relations of physiology and pathology, as regards excretion, are to a considerable extent reciprocal. Pathologists can not comprehend morbid changes without a knowledge of the physiological conditions; and, on the other hand, a knowledge of the modifications of the function of excretion in disease frequently aids the physiologist in determining the relations of certain excrementitious principles to the healthy organism. There are few facts in physiology

*Read before the Fisrt District Society, Feb. 11, 1904.

better established than that certain principles discharged from the body, called excrementitious, represent the physiological wear of the organism; and, there is no avenue of discharge by which these effete matters are so uniformly excreted as by the urinary apparatus.

The fæces contain the debris of food in addition to the certain peculiar excrementitious principles; the skin discharges its excretions in such a form that they are with difficulty collected and studied; but the urine is the typeof the excretions; its composition is constantly varying in health and is almost a necessity modified in disease; and this fluid may be collected and analyzed so easily, that certainly the physician should only be restricted in the practical applications of the changes in this fluid in disease by the limits of physiological knowledge of the relations of the different excrementitious principles to the organism.

There is every reason to believe that all excrementitious matters are produced in the general system, and are taken up by the blood in circulating through the tissues, and are separated from the blood and thrown off by the properorgans. The kidneys have nothing to do with the formation of the urinary principles; they simply purify the blood by separating from it certain effete matters. Supposing then, that the kidneys be perfectly healthy, serious modifications in the urinary excretions may occur, depending upon disease in the general system. It is not disease of the kidneys that gives rise to the presence of sugar in the urine, as the case cited above, of Mr. N's. Nor is an excess of urea, urates, uric acid phosphates, etc. But these changes are due to disturbances in nutrition and disassimilation. An excessive production of uric acid in the system may give rise to calculus, and yet the kidneys be perfectly normal. But on the other hand, the general nutritive processes may be normal, except as they are secondarily influenced through the kidneys, and very grave disorders of the urinary excretion may be due exclusively to structural disease of the kidneys themselves, by which they are rendered incapable of separating the required quantity of excrementitious matter from the blood.

The distinction between the two conditions just mentioned should be kept constantly in view in practice. In the great majority of instances, though not invariably, if there should be serious structural disease of the kidneys, there will be albumen in the urine. The physician should fully appreciate the importance of this symptom (albuminuria) as pointing to disease of the kidneys. Having the attention thus directed to the kidneys, it becomes an im-

portant question to decide how far these organs are capable of performing their function; and, in the great majority of cases, the efficiency of their action may be measured by the daily discharge of urea, the most important of the solid constituents of the urine.

I mention urea as the principle to be watched in these cases because it is formed by the system in greater quantity and accumulates in the blood, when its elimination by the kidneys is interrupted, more rapidly than any other of the urinary constituents.

If it be impossible to determine the existence of structural disease of the kidneys by the presence of albumen in the urine or by microscopical examination of the urinary sediment, it is generally, if not always, fair to assume that any changes in the composition in the urine, beyond its ordinary physiological variations, are due to conditions of nutrition involving the original production of the excrementitious principles in the general system. These conditions may affect the quantity of the urine, its color, odor, specific gravity, or reaction, and may modify the proportion of urea, of urates, chlorides, sulphates and perhaps other of its constituents, the physiological relations of which are as yet imperfectly understood. It is not my intention to discuss the significance of all the variations from the healthy standard, but in the study of the urine in disease, it is absolutely necessary to keep in view the purely physiological conditions capable of modifying this exeretion.

Physiologically, the variations in the quantity, color, and specific gravity of the urine bear a certain relation to each other. When the skin is acting very freely, and when the solid elements are increased by exercise, the quantity of urine is apt to tend toward the minimum, the specific gravity being high and the color, though normal, in character, of a deeper shade. This is most likely to occur when liquids are injected in small quantity. On the other hand, when the skin is not active, as in very cold weather, the urine will probably approach the maximum in quantity, the specific gravity being low and the color light. The ingestion of large quantities of liquid will often induce, as a temporary condition, an abundant secretion of fluid of low density. In these conditions the real amount of solid excretion is not much affected, the difference being simply in the dilution of the urine. When the density is very low and the secretion scanty, showing an evident deficiency in the activity of the kidneys, one is led to look for evidence of disease of these organs, the most prominent indication of which is albuminuria. When the specific gravity is very high and the quantity normal or increased, there may be reason to suspect the presence of some abnormal solid

matter in solution in the urine, and the principle most likely to be present is sugar.

The normal conditions above enumerated, are, however, capable of temporarily affecting the specific gravity to such an extent, that a specimen may present as low a density as 1005, or higher than 1030, without being, in itself, positive evidence of disease.

Now, as to the odor of the urine, in the case of Mr. N., cited above, the diagnosis of diabetes mellitus was readily made, from that sweet nauseating odor so characteristic of the disease. Now I have found that the odor of the urine varies, in the intensity of its 'urinous' character, with the proportion of solid matter. Some albuminous urine of very low density is almost inodorous. Some phosphatic urine has an excessively fetid odor. It must be remembered, also, that peculiar odorous principles are sometimes developed in the urine after taking certain remedies, as *bals. cop.*, and *turpentine*, or particular articles of food, as asparagus, etc. I have always made it a point to note the odor of the urine, and it should be done in the more elaborate processes of analysis.

The reaction of urine varies, in health, with digestion and other circumstances. We are told that vegetable food diminishes the acidity of the urine, and may render it alkaline, while animal food has the opposite effect. The rapid development of a free acid in the urine after it has been passed, may of itself decompose the urates and be the sole cause of the deposition of uric acid crystals; and a deposit of triple phosphates may, on the other hand, be due entirely to an alkaline condition of the urine. It is sometimes an important element in the treatment of disease to keep the urine alkaline, so that it is frequently very desirable to take note of the reaction, as well as of the other general properties of the urine.

In estimating the urea in the urine, which is so often required in practice, it is a point of the greatest importance to keep in view the physiological variations in the proportion of this principle. In looking over some notes taken in 1892, while I was attending a post-graduate course in the University of Louisville, Ky., I found this statement made by Professor Palmer, that before the age of 15 or 18 years, the amount of urea and other solid matters excreted by the kidneys, in proportion to the weight of the body, is much greater than in the adult. In women the normal excretion of urea is generally less than in men. We all understand, that when the amount of food taken is habitually small and the muscular system is very inactive, the amount of urea is very much diminished. And from these causes alone pathologists tell us that in persons confined to the

bed with any disease and taking but little food, the urea may be small in quantity, without indicating disease of the kidneys. We are taught by physiologists that exercise increases the production of urea, and that animal food has the same influence to a marked degree. It has been ascertained that a purely animal diet will increase the amount of urea fully two-fifths; a vegetable diet will diminish it one-third and a non-nitrogenous diet will reduce it more than one-half. Flint says that in Bright's disease, it very often happens that the condition of the general nutrition of the body becomes such as to lead to a very great diminution in the actual production of urea, and the quantity in the urine may be small and kidneys separating from the blood all that is formed in the system. Now inasmuch as the production of urea is profoundly affected by the quality of food, and as one of the great dangers to be feared in serious structural disease of the kidneys is uræmia, it would seem to be as important to diminish the production of urea by a change in diet, as to adopt measures to favor its elimination from the system. It is certainly a reasonable supposition that the danger from uræmia would be diminished, if the production of urea be reduced by regulating the quality and quantity of food, and particularly with reference to nitrogenous matters.

The subject under discussion covers an extensive field, and what I have offered you might well be considered an introduction to its further study. However I will close by giving you a few facts worth remembering when examining urine: A urine strongly ammoniacal when voided, and which first turns red litmus paper blue and when dry becomes red again, is indicative of cystitis. A cloudy flocculent precipitate is most likely mucous. A dense white deposit is apt to be pus, urates or phosphates. Heat will dissipate the urates, and nitric acid dissolve the phosphates, but neither one will cause the mucus to clear up, but will rather increase the turbidity.

CHRONIC NASAL CATARRH.

A Simple and Effective Treatment.

G. A. GILBERT, M. D.,
Danbury, Conn.

We feel inclined to report this case here not only because of the marked and speedy results obtained from the simple plan of treatment adopted after the usual remedies had been tried and proven ineffective, but because of the frequency with which the particular group of symptoms complained of by this patient confronts the general practitioner in his everyday work.

Lena D., a young miss of 18, had been a sufferer from chronic rhinitis or pharyngo-nasal catarrh for more than ten years, being subject to periodical attacks of coryza and tonsillitis, especially during the spring, fall and winter months. The mucous membrane of throat and nose became habitually flabby, congested and swollen.

At the age of 12, the characteristic thick, indistinct speech and stertorous breathing of the catarrhal subject became manifest, while at the same time, the plugging of the pharyngeal opening of the eustachian tube by the thickened mucous secretions gave rise to slight deafness.

The treatment throughout had consisted of insufflations of the usual antiseptic powders, ante and post-nasal douches with the modern germicical solutions, while various astringent or disinfectant gargles and sprays were used for the tonsillitis, but these gave only temporary relief. It was apparent that only the membraneous surface was thus freed of its obnoxious discharges and not the deeper sub-mucous tissues and gland sacs which harbored (unwillingly) the germs that gave birth to these discharges and it became self-evident that some more active method of treatment must be adopted.

In dental surgery, it is well known that an antiseptic solution having an alkaline base is the most effective for cleansing the mouth of putrefactive material arising from fermented food (starch particles in the substances adhering to the teeth), as well as that caused by the bacteria of dental caries, leptothris, etc. This fact is explained on the chemical ground that the alkaline base combines readily with these various weak acids with which it comes in contact, thus breaking up the solution and liberating the oxygen or oxidizing agent upon which its disinfectant properties depend. In a

The Journal

OF

The Kansas Medical Society

A Monthly Magazine for the Benefit of the Physicians of Kansas

COUNCIL:

DR. E. T. SHELLEY, Atchison. *DR. O. J. FURST, Peabudy.* *DR. M. F. JARRETT, Ft. Scott.*
DR. E. E. HAZLITT, Abilene. *DR. F. M. DAILY, Beloit.* *DR. C. E. McCARTY, Dodge City.*

GEORGE HOWARD HOXIE, A. M., M. D.,
Editor and Business Manager,
900 Tennessee St., Lawrence, Kansas.

Printed by The Gazette, Lawrence, Kansas.

Volume IV July 1, 1904 Number 7

BUSINESS PROCEEDINGS OF THE THIRTY-EIGHTH ANNUAL SESSION OF THE KANSAS MEDICAL SOCIETY.

Topeka, Kansas, May 4, 1904.

Council met in regular session at Security Hall.

Members present were W. E. McVey, W. S. Lindsay and L. H. Munn, Topeka; M. F. Jarret, Ft. Scott; and C. S. Huffman, Columbus. A letter from Dr. Graves, Wichita, requesting that Dr. Clark be permitted to represent him in the Council was read and endorsed.

A committee of two, consisting of Drs. Lindsay and Clark, was appointed by the Chair to audit books of treasurer.

Various bills brought before Council, passed upon and allowed.

The Shawnee County Medical Society reported to the Council of the Kansas Medical Society that Dr. H. H. Keith, of Topeka, had been expelled from the above named society, February 1, 1904, by a unanimous vote, and that he had been so notified.

Motion was made and adopted that this matter be taken up at this time. Drs. H. L. Alkire and H. B. Hogeboom, representing the committee appointed by the Shawnee County Medical Society to investigate the charges against Dr. H. H. Keith were called in to pre-

sent said charges. Dr. H. L. Alkire, chairman of this committee, made the following report:

The committee appointed to investigate the charges against Dr. H. H. Keith met at the National Hotel, May 2, 1904, at 7 o'clock p. m. The following members were present:

Drs. H. L. Alkire, C. A. McGuire, C. E. Judd, O. P. Davis, and S. G. Stewart. Absent,—Dr. J. C. McClintock.

The following members of the Shawnee County Medical Society were summoned before this committee:

Drs. B. D. Eastman, F. H. Martin, H. B. Hogeboom, and W. F. Bowen. Absent,—Drs. F. H. Martin and W. F. Bowen.

Dr. B. D. Eastman was called upon to testify as to the reasons why Dr H. H. Keith was disbarred from Christ Hospital. The doctor stated that through the action of the Trustees of Christ Hospital, Dr. Keith was disbarred from bringing patients into the hospital. That the only evidence he knew was hearsay, but presumably was on account of Dr. Keith's professional conduct. Dr. Eastman stated that to his own personal knowledge Dr. Keith had performed minor operations on patients, and afterward circulated the report that he had performed major operations on them. He cited a case where Dr. Keith had sewed up a scalp wound, and reported that he had trephined the man's skull; of another, where he had curetted, and told that he performed an Alexander's operation. Dr. Eastman also stated that he knew several cases from hearsay in which Dr. Keith had performed criminal operations. The doctor stated that when Dr. Keith received notice that he would not be permitted to bring patients into Christ Hospital, he hired an attorney to compel them to let him bring patients there.

Dr. Judd was next called, and he stated that he only knew from hearsay that Dr Keith made a practice of performing criminal operations. But he did know that Keith gave police officers $2.50 for every call he received through them.

Dr. McGuire testified that Dr. Keith had been disbarred from Stormont Hospital for sufficient reasons.

Dr. S. G. Stewart told of a case, of his personal knowledge, where Dr. Keith did perform a criminal operation for a stipulated sum,—and has in his possession sworn statement of the facts.

Dr. H. B. Hogeboom reported a case, to his personal knowledge, from a testimonial from the patient where Dr. Keith performed a criminal abortion, necessitating a secondary operation.

The Committee then adjourned, and reported back the following to the Shawnee County Medical Society:

"In the matter of the dismissal of Dr. H. H. Keith from this Society, your Committee has investigated the same, and find that he was disbarred from practicing in the two hospitals of this city for good and sufficient reasons, and these reasons are of sufficient weight, in our opinion, to expel him from this Society."

DR. H. L. ALKIRE, *Chairman.*

DR. C. A. MCGUIRE, DR. O. P. DAVIS.
DR. C. E. JUDD, DR. S. G. STEWART,
DR. H. B. HOGEBOOM, *Secretary.*

The Council, after hearing and discussing report, by motion

accepted said report, and recommended that Dr. H. H. Keith be dismissed from the State Society.

Dr. Clark made a motion that all applicants for membership, whose applications were properly endorsed by the officers of their respective districts, accompanied by fees, should be considered as elective members of the Society. Motion carried.

Applications for membership received from J. W. Pettyjohn, Hoyt; W. M. Reitzel, Clebourne; C. A. Roberts, Randolph; M. S. McCreight, Oskaloosa; P. W. Robinson, Harris; G. W. Main, Overbrook; O. P. McPherson, Great Bend; F. E. McCord, Milford; C. G. Cornell, Burlingame; E. J. O'Donnell, Auburn; John B. Armstead, Winchester; Arvid Pihlblad, Lindbourg.

Motion made and carried that applicants be elected.

Council adjourned.

WEDNESDAY EVENING SESSION.

7:30 p. m. Meeting of COUNCIL and FELLOWS for dispatch of business and election of officers.

Meeting called to order by the President.

Roll call of Fellows and Alternates by Secretary.

DELEGATES—DISTRICTS.

First District—J. T. B. Gephart, O. E. Webb.

Second District—D. F. Longnecker.

Third District—N. J. Saunders, R. J. Morton.

Fourth District—W. M. Martin, J. D. Clark, C. E. Bowers, H. G. Welch, O. J. Furst, H. D. Hill.

DELEGATES—COUNTIES.

H. H. Brookhart, B. W. Slagle, E. D. F. Phillips, G. W. Jones, G. A. Hamman, W. R. Van Tuyl, J. L. Everhardy, C. J. McGee, B. D. Eastman, W. F. Bowen, O. A. Taylor, C. A. McGuire, J. H. Brierley, C. F. Leslie, M. C. Porter, F. M. Daily, J. F. Morrison, J. W. Bolten, O. L. Garlinghouse, P. D. Hughes, J. E. Sawtell, J. W. B. Riley, H. Mason.

Dr. JONES offered a motion to the effect that those sent from societies not yet fully affiliated with the State Society, be accorded all the privileges of delegates to the State Society. Motion carried.

Minutes of last annual meeting held at Concordia were read by the secretary, passed upon and accepted.

The next in order was a report from the President on "The

Needs of the Society," which he briefly outlined as follows:

As to the needs of the Society I have but little to say, except in regard to our proposed re-organization. The Council met with Dr. McCormack last January and outlined the plan of re-organization along the uniform lines recommended by the A. M. A. The Council decided to submit the proposition for action at this meeting, unless there was some objection. Both the action of the Council and the proposed Constitution and By-Laws were published in the JOURNAL, and you have all had an opportunity to examine carefully into the plan and its objects. Up to the present time no objections have been heard. The proposition must be submitted to and acted upon by the general session of the Society, but I think it would be well to discuss it freely here in this meeting of the Council and Fellows and take a vote as to whether it should be submitted, and if so, make it a special order of business for some time during the session tomorrow.

The subject was discussed pro and con by several members present; the objections, however, being somewhat irrelevant and immaterial. The principal objection raised was that our medical laws were not stringent enough, or were too lax in process of carrying out and enforcement, thus permitting uneducated and incompetent practitioners of medicine a loophole for entering the ranks, with a consequent lowering of the general standard of the profession.

In this connection one doctor mentioned two cases in his own county of "doctors" who were practicing medicine, neither of whom had ever even studied medicine. These men had licenses,—legal licenses,—from the State Board of Registration to practice medicine. How these licenses were obtained is not known. The question came up as to how such men could be excluded from the Societies, that there was no law or regulation to exclude them if the State Board had set upon them the seal of its approval.

Dr. DAILY: I think this objection without foundation, and that we need have no fear of these men in our societies. I don't believe that you could get that class of men inside a medical society,—they usually steer clear of all such associations.

Dr. MUNN made a motion to the effect that the consideration of this question of changing the Constitution and By-Laws be submitted to the session the first thing in the morning.

Dr. REYNOLDS: It may not have been thought of, but there is one thing which might influence that motion somewhat,—in order to proceed to this matter of changing the Constitution and By-Laws, the national organizer should be present.

Motion was amended to read: That the consideration of the question of changing the Constitution and By-Laws be laid over until

such time as the Organizer of the American Medical Association be present. Carried.

Secretary called roll of Members of Nominating Committee, consisting of the following named members:

First District—L. Reynolds, G. A. Hamman.
Second District—C. A. Smith, H. H. Brookhart.
Third District—R. J. Morton, N. J. Sannders.
Fourth District—W. M. Martin, H. G. Welch.
Fifth District—E. E. Hazlitt, J. R. Crawford.
Sixth District—G. W. Hollenbeak, A. B. Scott.

Report of Treasurer:

Cash received,	$1,847 07
Cash paid out,	980 25
Balance,	$ 866 82

Dr. LINDSAY, Chairman of Auditing Committee, reported that the books of the treasurer had been gone over carefully and balances found correct. Motion passed that report of treasurer be received and filed.

Report of Committee on Arrangements,—Dr. MCGUIRE, *Chairman.*

Dr. MCGUIRE: The Committee on Arrangements has arranged for the meetings of our Society to occur in this building. We feel that the use of this building will be more pleasant and acceptable than meeting at the State House. The various hospitals had clinics today, which some of you have attended. This Committee decided that possibly you had become somewhat tired of the stereotyped form of entertainment of a banquet at the hotel, and instead have arranged for a so-called smoker for the members at the Elks' Hall. This does not mean that those who do not smoke will not be entertained. Those who do not consume tobacco may regale themselves with hot coffee, sandwiches, red lemonade and onions, and other indigestibles. Some will limber up and tell a story of a fishing experience, or something of that sort, and I feel that you will have a pleasurable time, even if you don't smoke. My friend, Stewart, don't smoke, but he can tell fish stories. If you don't enjoy smoke we will put up a gauze screen, thus you will have no difficulty, I trust, in whiling away a pleasant evening and enjoying immunity from the effects of the smoke. I will take the contract to escort my friend Stewart down.

Dr. IDA C. BARNES announced that Mrs. J. C. McClintock had

arranged to entertain the ladies with a six o'clock dinner at her home on Thursday evening, May 5.

Dr. BOYD, Chairman of Committee on Legislation reported that he had prepared a paper on that subject and requested some expression from the Society in regard to the matter.

Dr. LINDSAY moved that Dr. Boyd be requested to read his report. Motion carried, and paper read as printed in the June JOURNAL.

The Nominating Committee reported the following nominations of officers for the ensuing year:

For President, L. Reynolds, H. O'Donnell, J. P. Kaster.
For 1st Vice President, D. E. Esterly, G. W. Jones, M. F. Jarret.
For 2d Vice President, O. J. Furst, E. T. Shelly.
For Corresponding Secretary, G. A. Boyd, E. M. Brockett.
For Treasurer, L. H. Munn.
For Librarian, S. G. Stewart.
For Editor, G. H. Hoxie.
For Delegate to A. M. A., W. E. McVey.
For Alternate to A. M. A., J. P. Lewis.

Upon motion the report was adopted, and instructions given to prepare ballots, Drs. Boyd and Everhardy acting as tellers. Following is the result of the election:

President, Dr. L. Reynolds, Horton.
First Vice President, Dr. D. E. Esterly, Topeka.
Second Vice President, Dr. E. T. Shelly, Atchison.
Corresponding Secretary, Dr. G. A. Boyd, Baldwin.
Treasurer, Dr. L. H. Munn, Topeka.
Librarian, Dr. S. G. Stewart, Topeka.
Editor, Dr. G. H. Hoxie, Lawrence.
Delegate to A. M. A., Dr. W. E. McVey, Topeka.
Alternate to A. M A., Dr. J. P. Lewis, Topeka.

By virtue of the fact that the Recording Secretary had been elected to the office for three years, Dr. C. S. Huffman, Columbus, retains the position to which he was elected last year.

Report of the Meeting of the Council (see above) was read by the Secretary, in which it was recommended that Dr. H. H. Keith be dismissed from the State Society.

(It had been made public during the afternoon that one of the first questions to come up before the Society at its evening session was the considera-

tion of the action of the Shawnee County Medical Society in the expulsion of Dr. H. H. Keith. Acting upon such information, Dr. Keith had made application for an order restraining the State Society from taking action in the matter until he should be given an opportunity to answer the charges made. The order being granted, papers were served on the officers, but not until after the Council had recommended at its afternoon session that the action of the Shawnee County Medical Society be approved)

An attempt was made to keep the matter out of the courts, and after considerable discussion it was finally decided that an arbitration committee of five be appointed to listen to the charges, decide the case and make a report, Dr. Keith agreeing to abide by the decision of this committee until it was decided not to admit lawyers on either side, when Dr. Keith made a decided balk in the proceedings, insisting upon bringing in an attorney, the testimony of about fifty witnesses, and to consume at least twelve hours' time. Dr. Keith had appointed two members of the committee, the Society had appointed two, and these four a fifth, as follows: Dr. F. M. Daily, Beloit, *Chairman;* Dr. L. Reynolds, Horton, *Secretary;* Dr. R. A. Roberts, Kansas City; Dr. M. C. Porter, Clay Center, and Dr. Longnecker of Emporia.

At this point the Committee was discharged by request, and the matter allowed to rest until taken up by the court Monday, May 9, when it is set for a hearing.

Dr. DAVIS made a motion to the effect that the proper officials be authorized to take such steps as were necessary to defend the position of the Society in the courts. Motion carried.

Report of Dr. G. H. Hoxie, editor of the JOURNAL, read and approved.

A motion was made by Dr. G. W. Jones to the effect that all advertisements of proprietary medicines, the composition of which is secret, or which are advertised to the laity, be excluded from the columns of the JOURNAL.

Referred by special motion to the Council.

Dr. O. J. Furst made a motion that a Committee on Necrology be appointed by the Chair. Motion carried, and the President appointed to act as this Committee, Dr. O. J. Furst, Peabody; Dr. J. L. Morehead, Neodesha; Dr. W. A. Wehe, Topeka.

A lengthy communication in circular form in reference to amendment of national laws was received, and by motion turned over to the Librarian.

Adjourned to meet Thursday morning at 9 o'clock.

MORNING SESSION—THURSDAY, MAY 5.

The GENERAL SESSION of the Society was called to order by the President.

Special report of Council of Fellows read by Secretary. The question of reorganization of the society came up, but was laid over until such time as Dr. McCormack, the organizer, should arrive.

Nominating Committee reported on results of the election of officers for the ensuing year.

The next in order was the "President's Annual Address," by Dr. W. E. McVey, Topeka, the subject being along the line of "The Prevention of Tuberculosis." (See this JOURNAL.)

Dr. Shelly made a motion that a committee of three be appointed by the Chair, with the President as Chairman, to draft a memorial relating to the prevention of tuberculosis as outlined by Dr. W. E. McVey in his address, and present it at the next session of the State Legislature. Motion carried. Committee appointed: Dr. W. E. McVey, Topeka; Dr. Shelly, Atchison; Dr. Sara Greenfield, Topeka.

A motion was made and carried that the courtesies of the floor be accorded all visiting members of the profession.

The scientific program was then taken up, and at 12 o'clock the Society adjourned to meet at 1:30.

AFTERNOON SESSION—THURSDAY, MAY 5.

The Society convened pursuant to adjournment, and was called to order by the President.

Dr. McCormack, Organizer for the American Medical Association, being present, was introduced and gave a very interesting talk upon the question of reorganization.

PRESIDENT: The question now before the house is the matter of adoption of the new Constitution and By-laws. A motion to that effect will now be in order.

Dr. MCGUIRE made a motion that the Constitution and By-laws as printed in the JOURNAL be adopted as a part of the plan of organization of the Kansas Medical Society. Motion seconded by Dr. MORTON, and by a unanimous vote of the house was carried.

The scientific program for the afternoon was then taken up. Afterwards the following resolutions were introduced and adopted:

Resolved, That this Society urgently requests the Governor of Kansas to allow each State Medical Society, at its annual meeting to select a list of seven physicians, out of which list the Governor is respectfully solicited to make his selections for appointments on the

State Board of Health, and the State Board of Medical Registration and Examination.

Resolved, That a committee of one be appointed from this Society to co-operate with a like committee from each of the other State Medical Societies, to present this resolution to the Governor, and urge his adoption of it.

A communication received from the State Board of Health:

Whereas, There is no law in the State providing for the accurate collection of vital statistics, nor for the collection of statistics in regard to infectious diseases. Therefore be it

Resolved, That it is the sense of this Society that an effort should be made to secure for the next Legislature a law that will enable the State Board of Health to collect vital statistics in regard to smallpox, diphtheria, scarlet fever, typhoid fever, spotted fever and turberculosis. Resolution adopted and referred to Committee on Legislation.

Dr. McGuire was so favorably impressed with the sentiments expressed by Dr. McCormack in his talk before the Society, and his outline in the matter of organization, that he made a motion to the effect that a copy of the pamphlet containing the outline of his talk and the plan of organization be mailed to each individual member of the Society, address of each to be furnished Dr. McCormack by the secretary. Motion carried.

Report of Committee on Necrology read by Secretary.

Whereas, It has pleased an allwise Providence to remove from our midst our colleagues, Charles Gardiner, L. D. Jacobs, Percy D. Jermaine, James A. Lane, and *whereas* we miss their presence and fellowship. Therefore, be it

Resolved, That we express our feeling of sorrow for this bereavement, and our sense of loss both of their energetic co-operation and cheering presence, and

Resolved, That portraits of these colleagues, with sketches of their lives be published in our Journal, and that copies of these resolutions and Journal be sent to the families of these colleagues as an expression of our condolences.

(Signed) O. J. Furst,
W. A. Wehe,
J. Morehead.

THURSDAY EVENING SESSION—8 O'CLOCK.

Meeting of Council and Fellows called to order by the President.

PRESIDENT W. E. MCVEY: Under our new plan of organization it will be necessary for us to take some action in regard to the officers elected last night. The principal point for us to determine at this time is in regard to our secretary. Heretofore our recording secretary has practically done everything excepting to make out the program. We must now, under our new organization, either elect a new secretary, or make such disposition of the matter as to conform to our changed conditions and requirements.

Dr. BOYD: Mr. President, will you allow me to withdraw? I am very anxious to get out of it anyway, and that will settle the matter.

Dr. JARRET: Of course if Dr. Boyd wants to get out of it, as our new constitution makes no provision for the office to which he was elected, the proper thing to do is simply to retain Dr. Huffman as our secretary.

Dr. Boyd's resignation passed upon and accepted.

The list of officers as provided in the new constitution, viz: *President*, L. Reynolds; *Vice Presidents*, E. T. Shelley, D. E. Esterly; *Secretary*, Chas. S. Huffman; *Treasurer*, L. H. Munn, was read, and a motion to ratify their election made and unanimously carried.

The point was now brought out that under the new constitution three vice presidents were required instead of two, as formerly.

Dr. HOXIE called attention to page 10, Section 9, of new constition, "When so organized, from the presidents of such district societies shall be chosen the vice presidents of the society," etc.

The president ruled that the districts were not organized in the sense used in that section and that the vice presidents must be elected.

Dr. R. J. MORTON was nominated for vice president and was unanimously elected.

Some little discussion having arisen in regard to the adjustment of affairs of the various county and state organizations, and and the possible conflicts misconstructions which might occur in conforming to the new constitution and by-laws, the president requested Dr. McCormack to clear up some of the points in question. In response DR. MCCORMACK gave in detail the various relations between County, State and National Societies, outlining very explicitly the methods to be pursued in attaining the great end aimed at, that of a uniform national organization.

Dr. HOXIE: Under the new constitution no special provision is made for the publication of a JOURNAL, such matter being left to the

Council. It will be necessary therefore, for this society to take some legal action in the matter.

Dr. REYNOLDS placed a motion before the house that an order be drawn on the treasurer of the society for one dollar for each member to pay for the subscriptions to THE JOURNAL OF THE KANSAS MEDICAL SOCIETY. Motion carried.

PRESIDENT: Our new constitution and by-laws provide that the president appoint the councilors for the next year. The various districts will be the same as under our old regulations, excepting the third and fifth, which districts will be somewhat changed, according to the action of the council which met last January, giving to the third district the territory of the following counties: Cheyenne, Rawlins, Decatur, Norton, Phillips, Smith, Jewell, Republic, Washington, Clay, Cloud, Mitchell, Osborne, Rooks, Graham, Sheridan, Thomas and Sherman, and to the fifth district the following counties: Wabaunsee, Riley, Geary, Morris, Dickinson, Ottawa, Saline, Lincoln, Ellsworth, Russell, Ellis, Trego, Gove, Logan, Wallace, Greely, Wichita, Scott and Pottawatomie. The councilors appointed were: *1st Dist.*, E. T. Shelly, Atchison; *2d Dist.*, M. F. Jarret, Ft. Scott; *3d Dist.*, F. M. Daily, Beloit; *4th Dist.*, O. J. Furst, Peabody; *5th Dist.*, E. E. Hazlett, Abilene; *6th Dist.*, C. E. McCarty, Dodge City.

Society adjourned to meet Friday morning at 9 o'clock.

FRIDAY MORNING SESSION.

The society met and after the reading of the papers, the following resolution was presented and passed by the society:

Resolved, That this society cordially endorse the Pure Food Bill now pending before the congress of the United States in the interests of the health of our people, and that the secretary be instructed to write the senators and representatives from this state in the name of this society, urging them to use all honorable means to secure the passage of the bill.

The secretary presented a bill of $50 for the stenographic report of the session from Dr. Frances A. Harper. Motion to allow carried.

Dr. W. E. McVey now introduced the new president, of Horton, who made a few remarks:

"I expected to get out quietly. I really have very little to say, but of course this appointment does flatter my vanity a little bit. When we met last year I had one vote; it doesn't take much to set bees buzzing in one's bonnet. I am conscious of the honor shown me by this organization in appointing me as its president. I must

admit, however, that the new organization leaves me all at sea, but fortunately we have a year in which to adjust matters and I hope to have clear sailing by the time we all meet again next year. I am not responsible for the meeting at Wichita, but hope to meet all of you, with a large additional number, at the meeting next year."

Motion to adjourn carried.

The House of Delegates was then called to order, with Dr. Reynolds the new president, in the chair.

Resolved, That the secretary be instructed to procure for the use of the councilors and other officrs 3000 copies of the constitution and by-laws for county societies, 100 charters for county societies, 100 applications for charters, 200 reports for secretaries of county societies, 500 delegate certificates, 2000 blank applications for membership in county societies, a card index outfit for the office of the state secretary, and 3000 copies of the record blanks for collecting data for the same. Total cost to be $51.00.

Adjourned.

The Council then met with Dr. McCormack and considered plans for organizing the counties during the coming year.

C. S. HUFFMAN,
Secretary

SIX O'CLOCK DINNER—Mrs. John C. McClintock entertained at dinner on Thursday evening for the women physicians of Topeka who are members of the Kansas State Medical society, and for the wives of visiting physicians who were here for the annual meeting of the society. Tulips and red candles decorated the long table at which the following guests were seated: Dr. Ida C. Barnes, Dr. Deborah K. Longshore, Dr. Violet Church, Dr. Harriet Adams, Dr. Sara Greenfield, Dr. Frances Harper, Topeka; Dr. Mary Lobdell, Beloit; Dr. Martha Bacon, Kansas City, Kan.; and Mrs. Huffman, Columbus, Mrs. Phillips, Lawrence, Mrs. Jaynes, Williamsburg, Mrs. Chillicot, Osborne, and Mrs. Frizell, Ness County.

Toasts were responded to by Dr. Sara Greenfield, of Topeka; Dr. Mary Lobdell, of Beloit; Dr. Violet Church, Topeka; Mrs. J. C. McClintock, Topeka; Dr. Martha Bacon, Kansas City, Kan.; and Dr. Deborah K. Longshore, Topeka.

REGISTRATION AT TOPEKA MEETING, MAY 4, 5 AND 6, 1904.

R. J. Morton, Green.
W. M. Martin, Wellington.
E. L. Enochs, Topeka.
R. W. Robinson, Harris.

G. H. Hoxie, Lawrence.
E. G. Mason, Cawker City.
L. Reynolds, Horton.
Ed. E Hazlett, Abilene.
W. L. Warmer, Topeka.
D. R. Dunavan, Topeka.
C. S. Huffman, Columbus.
H. O'Donnell, Ellsworth.
C. J. Bayer, Grinnell, Iowa.
J. H. Brierley, Glasco.
B. R. Riley, Coffeyville.
Ida C. Barnes, Topeka.
H. H. Keith, Topeka.
H. D. Hill, Augusta.
C. E. McCarty, Dodge City.
W. A. Wehe, Topeka.
J. F. Morrison, Emporia.
S. P. Reecer, Hartford.
O. A. Taylor, Topeka.
E. V. Coddern, Topeka.
H. B. Hogeboom, Topeka.
M. D. Brown, Lebo.
H. H. Burkhart, Scammon.
C. A. Smith, Pittsburg.
J. T. Blank, Elk City.
W. H. Wells, Coffeyville.
J. W. Ryan, Coffeyville.
G. A. Hamman, Lawrence.
Frances A. Harper, Topeka.
Sara E. Greenfield, Topeka.
G. W. Jones, Lawrence.
O. J. Furst, Peabody.
H. B. Welsh, Hutchinson.
Mary J. Lobdell, Beloit.
E. D. F. Phillips, Lawrence.
S. H. Munn, Topeka.
C. F. Leslie, Clyde.
M. S. McCreight, Oskaloosa.
J. L. Heller, Oakland.
C. W. Schwartz, Topeka.
C. A. Roberts, Randolph.
W. M. Reitzel, Cleburne.
C. L. Cole, Topeka.
F. H. Scholle, Topeka.
E. M. Brockett, Topeka.
J. W. May, Kansas City.
B. F. Chilcott, Osborne.
A. A. Andrews, Topeka.
S. G. Stewart, Topeka.
S. F. McDonald, Severy.
E. J. O'Donnell, Severy.
Corbin E. Judd, Topeka.
C. A. McGuire, Topeka.
O. P. McPherson, Great Bend.
E. L. Simonton, Wamego.
F. E. Schneck, Burlingame.
J. A. Phillipsen, Clifton.
J. T. Axtell, Newton.
Nat G. Bennett, Haviland.
Andrew Sabone, Garden City.
Chas. H. Kaiser, Durham.
W. H. Bauer, Sylvia.
B. M. Palmer, Florence.
A. E. Gundy, St. Marys.
L. E. Vermillion, Lyons.
E. C. Fisher, Lyons.
F. O. Sparks, Latham.
George A. Boyd, Baldwin.
M. R. Mitchell, Topeka.
J. H. Haldeman, Paola.
C. L. Stocks, Bushong.
Thomas S. Greer, Edgerton.
O. C. Graham, Kansas City, Mo.
D. A. Banta, Great Bend.
A. W. Rasle, Great Bend.
H. Michener, Wichita.
R. E. Michener, Mulvane.
Harriet E. Adams, Topeka.
T. C. Biddle, Topeka.
L. J. Lymary, Manhattan.
W. L. Schneck, Topeka.
B. W. Slagle, Smith Center.
J. F. B. Gephart, Valley Falls.
E. C. Rankin, McLouth.

C. C. Goddard, Leavenworth.
W. R. Van Tuyl, Leavenworth.
Charles J. McGee, Leavenworth.
J. W. Bolton, Iola.
J. L. Everhardy, Leavenworth.
J. R. Crawford, Salina.
R. L. Igel, Leavenworth.
Charles B. Buck, Topeka.
F. M. Daily, Beloit.
N. J. Saunders, Cawker City.
Mary N. Church, Topeka.
Chas. E. Bowers, Wichita.
O. P. Davis, Topeka.
M. F. Jarrett, Fort Scott.
D. E. Esterly, Topeka.
E. T. Shelly, Atchison.
C. B. VanHern, Topeka.
F. N. Martin, Topeka.
H. Tonjes, New York City, N. Y.
B. D. Eastman, Topeka.
H. S. Warner, Topeka.
D. F. Longenecker, Emporia.
W. S. Lindsay, Topeka.
S. P. Randall, St. Louis, Mo.
M. C. Porter, Clay Center.
J. E. Minney, Topeka.
W. S. Grisell, Ransom.
J. D. Clark, Wichita.
J. P. Lewis, Topeka.
J. A. Berry, Topeka.
J. L. Moorhead, Neodesha.
Martha M. Bacon, Kansas City.
R. A. Roberts, Kansas City.
J. E. Sawtell, Kansas City.
P. D. Hughes, Kansas City.
R. E. McVey, Topeka.
Newt O. Brown, Topeka.
J. M. Jameson, Topeka.
J. Naismith, Lawrence.
J. M. Frankenburger, Kansas City, Mo
Halsey M Lyle, Kansas City, Mo
H. T Jones, Lawrence
J. C. Fear, Waverly.
R. S. Magee, Topeka.
E. E. Morrison, Great Bend.
G. K. Janes, Williamsburg.
Preston Sterrett, Kansas City.
O. L. Garlinghouse, Iola.
J. C. McClintock, Topeka
S. C. Pegnian, Concordia.
G. W. Main, Overbrook.
D. C. Murphy, Edwardsville.
E. W. Gardner, Bonner Springs.
W. O Sternberg, Wichita.
H. W. Carson, Dover.
J. B. Rees, Mapleton.
W. H. Rees, Pleasanton
J. A. Milligan, Garnett.
S. S Glascock, Kansas City.
H. L. Alkire, Topeka.
J. W. Pettijohn, Hoyt.
J. T. Faulkner, Fairmount.
J. A. Kitcherside, Hope.
J. P. Kaster, Topeka.
O. E. Webb, Paxico.
W. D Hunt, Emporia.
J. O. Milner, Kansas City.
Wm. H. Righter, Topeka.
N. C. Speer, Osawatomie.
F. E. McCord, Milford.

PRESIDENT'S ADDRESS.*

W. E. McVEY, B. S., M. D.

Topeka, Kansas.

In matters of public health we are apt to be governed too much by popular sentiment, which seems to swing through a long arc, from pacific toleration at the one extreme to brutal abhorrence at the other.

For a long time smallpox was tolerated, and efforts toward its control were opposed with persistent vigor, until, as was supposed, the people were educated to appreciate its loathsomeness and danger and to understand its prevention. The abhorrence which succeeded the previous toleration is little less than brutal in its development. Sometimes those unfortunates who become infected are forcibly injected into a pest house where too often from terror, exposure and careless attention the poor victim dies before the disease has a chance to kill him!

We excuse our harshness in these cases because on account of the almost complete eradication of the disease by other methods of prevention, occasions are very infrequent. We justify it on the ground that the sacrifice of a few of those already afflicted will save perhaps thousands of others from danger. We have no right to criticise such a justification, provided a more humane course of procedure will not accomplish the purpose, but the same principles applied to infectious diseases of greater frequency and great fatality, in which the afflicted would be numbered in thousands instead of hundreds, conjures up in one's imagination a condition frightful in its effects.

Consider for a moment the effects of an enforced system of isolation for those afflicted with tuberculosis. A rigid quarantine in tuberculosis could be little less than barbarous, and a demand for such measures may be the result of the present rapid progress of the people in their knowledge and appreciation of the infectious nature of the disease.

I do not mean to say that the medical profession will ever reach such a stage of fanaticism, but unless there is some official recognition of the danger of infection, and some efficient means for its

* Motion made and carried that a committee of three be appointed by the chair, with the President as chairman, to draft a memorial relating to the prevention of tuberculosis as outlined by Dr. W. E. McVey in his address, and present it at the next session of the State Legislature.

control be adopted, popular sentiment will soon reach the extreme in its evolution, and conservative measures will no longer satisfy the public demands. That such a danger really threatens us seems incredible, and I am sure that most of you will refuse to believe in it. Let me call your attention to the following article which appeared in the "Journal of the A. M. A.:

"TUBERCULOPHOBIA IN FRANCE—Under a recent ruling of a commission appointed by the minister of the interior of France, consumptives in public hospitals must be kept isolated from the other patients. In January, the minister of the interior sent to the various local authorities circulars calling on them to give instruction to the hospital authorities to observe this rule of isolation. According to this rule, there must be no direct or indirect relation or association between the tuberculous and the non-tuberculous, and the attendants and physicians having the care of the tuberculous must abstain from having anything to do with other patients, or at least must change clothing and be disinfected when they are obliged to change from one service to another. The practical difficulties of carrying out this rule are shown in an editorial in the *Semaine Medicale*, February 10. It points out that the regulation is far more strict than those now observed in regard to diseases much more seriously contagious than tuberculosis, and that this is the first time that any such rigid rules have been adopted anywhere, at least under the direct sanction of the government. The frequency of tuberculosis, and the manifold forms in which it appears, the variations of its severity, and the fact that probably a very large proportion of the population is more or less affected, or has been, would seem to point to the absolute impossibility of such strict and efficient isolation as is here apparently attempted. It would seem that tuberculophobia has gone farther in France than elsewhere."

Evidences of tuberculophobia are not lacking in our own country. I think it is the rule in all general hospitals, except those under municipal control, that tubercular cases are not admitted at all. In some of the cities of Colorado it is impossible for one afflicted with pulmonary trouble, or one whose appearance suggests such a condition, to obtain board except in a boarding house which is conducted especially for the so-called "lungers." Much attention has been given of late to the restriction of immigration of tubercular patients from other states into Colorado and California, and it is probably a financial consideration only which prevents determined action upon this matter.

I do not consider these measures to a radical, nor unwise, but

they show the development of fear of tubercular infection in the people In our efforts to enlighten them as to their danger, and the means of evading it, they have grasped the danger in its most threatening aspect. If they have been impressed at all with the simple measures suggested for prevention, they have seemed entirely inadequate. As the people more generally become familiar with modes of infection, they will of their own accord shun those who are afflicted, deprive them of the freedom they now enjoy, and some provision will have to be made for the care of those who are able to provide for themselves. It is doubtful if any legislation can be secured along this line until popular sentiment demands it, and then the probable result will be a system of quarantine regulations which will eliminate from consideration entirely the conservative methods which contemplate not only the protection of the unaffected but also the cure of those already diseased.

An early and united effort on the part of the medical profession to perfect and enforce the necessary precautions against infection is the first essential Our board of health has given enough attention to the matter to print a circular directing the people how best to care for the tubercular patient so as to minimize the danger of infection. It seems that a single step farther would accomplish all that can be done in that direction without the assistance of tne state.

If physicians were required to report all cases of tuberculosis to the health officer, and to direct the patient and his attendants in carrying out these rules, and some effective means devised to insure obedience, the danger from infection would be practically eliminated, for the really necessary precautions are very simple, and it would be only among the very poorest of our people that difficulty would be found in enforcing them. It is pretty generally agreed that the greatest danger lies in the matter expectorated, and the safe disposal of sputum can be easily accomplished by even the poorest of our tubercular cases. Thorough fumigation and disinfection of the quarters which have been occupied by a tubercular patient can also be easily accomplished.

One of the essentials is that the afflicted person should occupy a well ventilated and well aired room, and should not share it with some one else. This provision is impracticable in many cases, because of the impoverished condition of many of those afflicted, and this is perhaps the only feature of the preventive measures which cannot be easily carried out without assistance.

While these very simple measures are all that are necessary to

prevent tubercular infection from those afflicted, as we now understand it, they are not by any means sufficient to eradicate the disease There are apparently sources of infection of which we know nothing, or over which we have no control.

The most effective preventive measure lies in our ability to cure the disease in its incipiency, before it has reached the most active infective stage. Patients are cured in every state in the Union, and the climatic and atmospheric conditions of Kansas are particularly favorable for cures. I venture to say that there are in proportion to the number of cases that have gone there, more cases of pulmonary tuberculosis in Western Kansas than in Colorado, Arizona, New Mexico or California.

I recently had the pleasure of listening to a paper by a physician from Denver, who had had a great deal of experience in the treatment of these cases, and it was his opinion that the early cases of pulmonary tuberculosis could be successfully treated in Kansas.

There are difficulties to be met, and they are difficulties which cannot be easily overcome unless this great state responds to the call of humanity in this emergency, as it has done in so many others.

In the treatment of pulmonary tuberculosis the rest cure has been demonstrated to be of the utmost utility. As soon as an elevation of temperature has been observed the patient should be put to bed in a well lighted and well aired room, and kept there until the fever has disappeared. Exercise should be limited to the point of fatigue, and if an elevation of temperature follows, it should be restricted or entirely prohibited. Patients should be fed upon easily digested but nourishing food, as the results in such cases will depend more upon nourishment than any other element of treatment. Unfortunately, in a large per cent of tuberculous cases which come to us for treatment even in the incipient stage we are brought up against the patients' inability to give themself either rest or the proper food. They must work as long as they are able, in order to provide for themselves and their families the bare necessities of life.

Strict enforcement of preventive measures has resulted in great lessening of the death rate in countries where previously tuberculosis threatened depopulation. It would certainly be an economical procedure on the part of the State of Kansas not only to enenforce these simple regulations for the prevention of infection, but to provide for the isolation and care of those in the late stages of the disease whose surroundings will not permit the carrying out of preventive measures at their own homes. It would be still further economy to provide for the care and treatment of those early cases,

which without such assistance have no chance to recover. There are many excellent locations in the western part of the State for the establishment of colonies and hospitals, where such cases with their families could be made self supporting and able to contribute at least to the support of the invalided member.

It is not necessary to provide for those who have means, but such colonies and hospitals should be made available to them at reasonable terms. The cost of maintenance of such an institution in Western Kansas would certainly be reduced to a point much below the minimum of other hospitals for tuberculosis, in some of which the average cost per patient is 50 cents per diem.

There have been reported to our State Board of Health for the past year from sixty counties, 617 deaths from tuberculosis. This number would certainly be much higher had all of the counties in the State reported, or had all cases of tuberculosis been reported in these sixty counties.

But accepting this number as the total deaths from tuberculosis, it means an economic loss to the State of $1,234,000, counting the economic loss for each life at the very low figure of $2,000. At least three-fourths of the deaths from tuberculosis occur at the most useful period of adult life. Counting the average earning capacity at $500 per year, there is a total loss of earning capacity for the past year by death from this disease of $308,500. But we go farther than this, for if the average duration of the disease is three years, and there were 617 deaths last year, we may safely estimate the total number afflicted at 1851, which means a loss in earning capacity for one year of $925,500.

Reports from various hospitals for tuberculosis have shown percentages of cure varying from 30 per cent in all stages to 70 per cent in the incipient cases only. Let us say, for instance that if these 617 people who have died from tuberculosis during the past year had received proper care at the beginning of their trouble, 30 per cent would have been saved, or 185, reducing the economic loss by $370,000, and saving in earning capacity, $92,500 for one year, or $277,500 for the average period of duration of the disease.

I find in the report of the State Board of Health of Kansas for 1897 the following very terse and emphatic statement of the situation:

"Thousands of dollars have been appropriated annually to tell the people how to fatten a hog, raise and prepare a beef for the butcher's block, care for the milch cow and the milk (all of which are well), but not one dollar to protect our children from the ravages

of this insidious, slow, far-reaching, terribly prevalent and fearfully fatal disease. Such are the facts, and such the spectacle presented for our contemplation. How long shall this state of affairs be permitted to continue?"

Seven years have elapsed since this query was propounded, and still there is no effort to control the disease. It would seem that man must compete with the hog and the steer for the means to protect himself against the ravages of a devastating disease, or in other words, for the privilege of existence.

If it is possible to place the saving of human life upon a financial basis, let us consider the establishment of hospital facilities as an investment for the State.

The cottage plan is both the cheapest and most satisfactory for the treatment of tuberculosis. A section of land in Western Kansas, in some location where irrigation would be feasible, could be bought for $5,000. A cottage erected upon each five of the 640 acres each would cost $102,400 more, or $107,400 for land and houses. $42,000 should be sufficient for the establishment of irrigation, the erection of barns and outbuildings, and such equipment as might be necessary. A total outlay of $150,000, giving us 128 cottages with five acres of land each, which would easily accommodate 150 patients with the families of those who have families. Estimating the cost of maintenance at 50 cents per patient per dieum, the annual expense of caring for 150 patients would be $27,375. But if 30 per cent were cured, which is a fair estimate, there would be saved 45 lives with an economic value of $90,000. Or, estimating the length of treatment for those cured at one year, which is a fair estimate, there would be saved in value of earning capacity for two years, $45,000.

Counting the saving in life at the lowest estimate of value, we would have a margin of $62,625, which would more than pay the original cost in three years. Counting the saving in earning capacity only, we would have a margin, after deducting the cost of maintenance, of $17,625, which would repay the original outlay in less than ten years.

We may reasonably assume that with the facilities provided, at least one-third of those accommodated could be made self-supporting, thus reducing the cost of maintenance by $9,125, and adding that amount to the margin of saving in life or earning capacity to be set off against the original expenditure.

We have so far made no estimate upon the prevention resulting from our plan. Since the number of cases of tuberculosis in the

State has increased steadily during the past few years, we may count at least an average of one person infected by each case of the disease, and since the infection is most likely to occur from those in the later stages, the cure of 30 per cent of the cases in the incipient stage would eliminate 30 per cent of the sources of infection.

By curing 45 of our 150 patients under hospital treatment we will have saved from infection 45 others, thus adding $90,000 more to our estimate of the value of lives saved, giving us a total saving over the cost of maintenance of $152.625, or more than the original outlay. Adding the value of the earning capacity of these forty-five persons for three years, which would be $67,500, to the value of the earning capacity for two years of those cured, we would have a total saving of $111,500, which, less the cost of maintenance, would leave us a margin of $85,125, or more than enough to pay the original cost in two years.

I fully appreciate the inadequacy of such calculation to express the great need of, or the great benefits to be derived from, the establishment of institutions for the care and cure of tubercular patients. We cannot fairly estimate the value of human life, nor can we put the value of a life saved in a tangible form that can be manipulated by financiers, or turned over to the state treasurer as a cash offset against the expense necessary to the establishment and maintenance of these much needed institutions. It must be an outlay for which no tangible returns may be looked for. Such an institution would bear the same relation to the state as do our institutions for the care of the deaf, the blind, the insane, the imbecile and the criminal. Its economic value must be calculated upon the same basis as our great institutions of learning of which we are so proud. We cannot estimate the benefits received from any one of these in dollars and cents, but they will be no less demonstrable in the health, the safety, the intelligence and the prosperity of the people.

THE STORMONT HOSPITAL has issued in very attractive form its eighth anniversary report.

DR. WILLIAM LEE HOWARD of Baltimore has kindly sent the JOURNAL reprints of his very interesting articles on "Some Subjective Hints of the Morphine Habit," and "Sexual Perversion in America."

THE VALUE OF THE EXACT DETERMINATION OF BLOOD PRESSURE IN GENERAL PRACTICE.*

O. P. DAVIS, A. B., M. D.

Professor Principles and Practice of Medicine, Kansas Medical College, Staff Physician Christ's Hospital, Topeka.

It is very desirable, for many ends, diagnostic, prognostic and therapeutic, accurately to appraise the vital activities of the body. By so doing, much that portends may be anticipated and sometimes averted or arrested in its course; or even if a dreaded event becomes inevitable, its shock may perhaps be mitigated and rendered less dreadful.

It is not enough that the practitioner should trust to his unaided senses for such important data. Such sources of information are, in the best and most astute observers, far from infallible. No physician would rely upon his temperature sense in the matter of estimating pyrexia. He no longer is content with placing his hand on a flushed brow and *supposing* the patient is feverish. Nor would the modern clinician, however skilled, venture to pronounce upon the character or degree of an anæmia on a basis of a mere inspection of the skin. The senses of touch and sight are not appreciative of small degrees of variation in their respective fields, especially when the varying objects observed are widely separated in place or time. This fact has given rise to the necessity of using instrumental aids to observation, with fixed standards and scales of measurement, wherever accurate determinations are desirable for comparison and preservation.

Until a comparatively recent date, the force of the blood in the arteries was estimated by "feeling" the pulse. The terms hard and soft, full and weak, quick and slow, express about as much as was generally elicited by this method, while subtle variations and peculiarities were entirely beyond definition, or even, to most physicians, beyond perception. Indeed, the best proof of the inadequacy and unreliability of this method is the fact that two observers seldom palpate the pulse alike and seldom form the same opinion as to blood pressure in a given case, even at the same time. Moreover the impressions gained by palpatation, even if they were accurate, cannot be intelligently described, and are evanescent.

Now, there is nothing more necessary in the examination of the

*Read before the Shawnee County Medical Society, October 5, 1903.

circulation, in diseases either directly or indirectly involving that system, than the exact determination of the blood pressure. The rate of the pulse is not of any special importance except in so far as it throws light on the strength of the heart or the state of the pressure. It is true that the pulse rate has assumed a position of chief importance; but this has been largely due to sense limitations in the perception of force and tension, and experience has shown that a rapid rate often, if not usually, accompanies and signifies a weak heart and failing pressure.

The blood pressure, it will be remembered, is determined by heart contraction, the peripheral resistance in the arteries and tissues, and the quantity of the blood contained in the vessels.

It is obvious, therefore, that the pulse tension which is so generally and often appealed to, directly and indirectly, for information, should, if possible, be rendered susceptible of exact measurement.

Various efforts have been made, in recent years, toward this end. The sphygmograph, at the time of its invention, was expected to fulfill such a purpose; but however valuable that instrument may be for some purposes, it is yet a very delicate aparatus, not suited to clinical purposes, hard to use, and so erratic that it is fit for little else than special laboratory investigations.

The sphygmograph has been succeeded within the past few years by several instruments, among which may be mentioned those of von Basch, Oliver, Frey, Riva-Rocci, Hill & Barnard, and Gaertner. Of these the sphygmomanometer of Riva-Rocci, as modified by Cook, and the "Tonometer" of Gaertner are alone constructed on a sufficiently practical principle to admit of their extended clinical use; and on account of their practical utility they will be dwelt upon in some detail, in this connection, and their respective merits noted and compared, the instruments themselves being respectfully submitted for examination and demonstration.

The two instruments are alike in several particulars. Each has a mercury manometer, a rubber bulb and a Y-rubber tubing. One end of the Y-tube is connected, in the Riva-Rocci instrument, with an inflatable rubber band or bag, to be placed around an arm or leg of the patient; while in the Gaertner instrument this end of the Y-tube is connected with an inflatable rubber ring, on a metal frame, which on distention, stretches inwardly only, and is for the purpose of compressing a finger placed within the ring. In the Riva-Rocci instrument, the bulb, similar to that supplied with the Pagnelin cautery outfit, is held by the operator, and is provided with valves

to sustain the pressure produced; while in the Guertner instrument a small compression vice and screw compress the bulb, or gradually release the pressure, as necessary. The third limb of the Y-tube, in both instruments, is connected with the manometer. Thus it will be seen that the pressure produced in the closed air system of either instrument will at all times be the same, and its amount can be read in terms of millimeters of mercury from the graduated scale of the manometer.

(Continued in August number.)

Dr. Burnett contemplates increasing the capacity of his "private home." It accommodates 30 patients now.

Dr. Chas. H. Loomis of Clinton has moved to Baldwin to take Dr. Boyd's place. Dr. Mark Beach of Holliday has gone to Clinton.

Program committees of district societies who are short of funds for printing programs should address the editor of the Journal.

For Sale at a bargain—Practice with office, furniture, and complete set of surgical instruments of a physician and surgeon recently deceased. Goods must be sold at once. Address: James D. Whelan, Junction City, Kansas.

Dr. Geo. A. Boyd of Baldwin has developed tuberculosis and left for the higher altitudes of the Rockies. We are deeply grieved to learn of Dr. Boyd's trouble. He has been one of the most efficient members of the society. We wish him speedy recovery.

Among the exhibitors at Atlantic City we noted our friends, the Kress & Owens Co., with samples of glycothymoline; which, by the way, seems to be increasing its sales in Kansas. We wonder how much credit the Journal should have for this. "Other things being equal," we would ask for patronage for this advertiser as well as our others.

Philander Daugherty, M. D., Rush Medical College, Chicago, 1886, a member of the American Medical Association; mayor of Junction City, Kas., in 1897 and 1898; representative in the state legislature from Geary county in 1892; health officer of Junction City for several years, died at his home in that place, May 23, from apoplexy, aged 70.

ATLANTIC CITY NOTES.

The A. M. A. meeting this year was the largest ever held, some 2,700 members being in attendance.

Kansas had not even one representative in the House of Delegates, a hardship for us.

The Kansans in attendance were H. L. Alkire, Topeka; J. W. Graybill, Newton; J. E. Hawley, Burr Oak; G. H. Hoxie, Lawrence; L. W. Shannon, Hiawatha; E. T. Shelley, Atchison; H. J. Stacey, Leavenworth; J. N. Venard, Ness City.

Dr. Graybill drew the great static machine given away by Frank S. Betz & Co. It is said to weigh 1450 pounds and ought to make Newton an electrical center.

S. C. James of Kansas City, Mo., was elected president of the Association of Medical Colleges.

Dr. McMurtrie of Louisville is the next president and Portland, Oregon, the meeting place.

A Jap demonstrated that some anopheles mosquitoes can carry only one kind of malaria, while other species can carry the plasmodia for both the tertian and the estivo-autumnal variety.

Dr. Vaughan thinks that he has proven that bacteria act as chemical bodies and release their toxines only through chemical affinity.

Dr. Herrington demonstrated that borax produces the lesions of chronic nephritis. G. H. H.

Dr. Adams of Worden died in June from peritonitis. Mr. Boyd, a student of the Kansas City Medical College, has taken Dr. Adams' place for the summer.

Dr. Hoxie attended the Atlantic City meeting and is now in New York City doing some postgraduate work This long distance service will be the excuse for the Journals that appear during his absence.

We still want copies of volume one of this Journal. Look over your papers and see if you cannot unearth some. If they are of value to you, write us the amount and we will see if our patrons want them at that price. The congressional library at Washington wants a set also.

MALPRACTICE SUITS.

In England the British Medical Defense Union has been in existence for over ten years and has a membership of over 5000.

Sir Victor Horsley, the former president of the British Defense Union, suggested that this protective feature should become one of the purposes of the British Medical Association. Such a suggestion would apply with equal force to the American Medical Association and would increase its membership and usefulness as it has increased the membership and usefulness of the Chicago Medical Society and the New York Medical Association.

A study of malpractice suits reveals the fact that not even 1 per cent of them possess any real merit, and that in more than 99 per cent. of the cases the motive was either a desire to avoid the payment of a bill, or an effort to extort money, or a cowardly attempt to secure revenge. And in more than 99 per cent. of the cases an association of three elements is found, namely, a litigeous patient, a shyster lawyer, and the instigation of a despicable doctor. In fact without a full complement of the above a malpractice suit is almost an impossibility.

It is not our purpose, however, to underrate the importance of such suits. On the contrary, we make a plea for more perfect defensive organization, for therein lies not only the successful defeat of such suits, but also their prevention. The law is unfortunate in that the entire burden of such cases must be borne by the doctor, and since these suits, as a rule, are brought by irresponsible individuals, he is cut off from any damage he might seek when he is successful. More than that, he is liable for the costs because of the irresponsible plaintiff, even though the suit is decided in his favor.—*New York Association Journal.*

THOMAS BARNETT, M. D., Rush Medical College, Chicago, died at his home in Fort Scott, Kas., May 19, from heart disease, aged 72.

THE SURGEON GENERAL'S report for 1903 is out, a volume of 534 pages, covering the public health and marine hospital service. There are some interesting contributed articles and necropsy reports also bound in the volume.

PERI RECTAL ABSCESSES.*

DR. J. M. POINDEXTER,
of Kansas City, Mo.

The fact that fistulæ in ano invariably have their origin in an abscess located somewhere in the perirectal tissues renders the study and treatment of these abscesses of prime importance, for if proper surgical procedure is practiced in time the formation of the fistula will often be prevented.

The frequent occurrence of abscesses in this region is due to the large amount of areolar tissue found here, the great vascularity of the parts, the abundance of lymphatic vessels, and the constant presence within the rectum of pyogenic germs. They are also caused by traumatism, such as pressure of the foetal head in protracted labors, the irritation caused by accumulation of hardened feces within the rectum in constipation. External violence, as kicks and blows upon the perineum will often produce them as is aptly illustrated by Mathews in his report of cases.

To have an abscess here as in other portions of the body one or more of the pus producing germs must gain entrance into the tissues surrounding the anus or rectum, where, finding suitable pabulum in a contused part, they will at once begin to multiply, exciting inflammation and suppuration, characteristic of the invading germ.

The portal of entrance for these micro-organisms is through some lesion of the mucus membrane, where they find the consequent exposure of the lymphatics which absorb them and along whose channels they travel until they arrive at the seat of injury or are stopped by an occlusion of the vessel or arrested in their journey by a lymph gland.

They may also find an entrance through some of the numerous mucus glands or follicles found here or through hair follicles and sebaceous glands around the anus, whatever their gate of entrance their presence is essential to the formation of the abscess.

For convenience of description perirectal abscesses are divided into those located below the levator ani muscle and those above that muscle. Those below the levator are termed superficial and are sub-divided into the tegumentary, sub-tegumentary and ischio-rectal. Those above the levator ani are called deep rectal abscesses and are subdivided into the retro-rectal and superior pelvi-rectal.

*Read before the Jackson Co. Mo., Medical Society, Feb. 25, 1904.

The tegumentary variety is nothing more than a small furuncle or acne pustulosa occasioned by direct infection of the follicles and cutaneous glands around the anus. As a rule they are unimportant except for the annoyance they cause the patient, though at times they may assume a graver type, the infection spreading from gland to gland until a veritable carbuncle is formed. Some patients are annoyed almost continuously by the appearance of successive crops of these small abscesses. They no sooner get well from one attack when another one appears. Their chief importance lies in the danger of the infection spreading to the deeper tissues. The exciting cause is rubbing and scratching the parts.

The treatment consists in cleanliness and antiseptic washes, bathing the parts after each defecation. They can be satisfactorily treated by painting them with ichthyol or by opening each one, evacuate the contents and applying ichthyol to the cavity of the abscess by means of a fine applicator wrapped with cotton.

The subtegumentary variety, as the name implies, is situated immediately beneath the skin or mucus membrane. It is known as an intramural abscess when it involves the sub-mucosa being limited to the walls of the gut. The subtegumentary abscess is due to propagation of the infection through the lymphatics and also by contiguity from the tegumentary type.

The symptoms are very indefinite. In the tubercular variety there may be no constitutional symptoms whatever of an abscess with absence of local pain or of only a slight uncomfortable feeling. It opens spontaneously, the discharge first attracting the patients' notice. On examination of the parts at this time, there will be a boggy œdematous condition and ulceration with undermined edges. No induration, redness or pain are present and if proper treatment is not substituted at once the burrowing will spread widely in all directions, when it extends upwards beneath the mucosa it forms a blind internal tubercular fistula limited to the rectal walls. When the abscess is the result of phlegmonous inflammation and of considerable size all the constitutional symptoms as chill, fever, accelerated pulse, etc., will be present with general malaise. On examination a hard swollen condition is found which is very painful and which throbs at every pulsation of the heart. If left alone they will rupture spontaneously, generally within the anal canal or on the skin. They rarely open within the rectum proper but when they do open here and also on the skin a complete subtegmentary fistula is formed. Tuttle from his large experience says that what is more typical of these abscesses is that they do not drain and heal as ab-

scesses elsewhere but remain fistulous unless laid open throughout their whole extent. In the submucus variety it is important that a correct diagnosis should be made in order that they may be properly opened, for if they are opened through the skin by deed incision as is practiced in all the other varieties, there is danger of periproctitis being set up by the discharges and a worse condition produced than the original abscess. Of all the perirectal abscesses this variety is the only one in which a surgeon is justifiable in opening on the inside of the bowel. By introducing the finger into the rectum above the tumor and pressing downwards while pressure is made at the same time with the other hand around the anus, it may be outlined by the experienced surgeon and its superficial character determined, It should then be freely incised from top to bottom within the rectum.

The mucus membrane is the only layer of the wall of the gut divided in this incision, the muscular layer remains intact and the perirectal tissues thus protected from the infection. The treatment is to incise freely all these subtegumentary abscesses throughout their whole extent, afford free drainage with antiseptic washes. Poultices should not be resorted to as it is only time wasted, although Mathews advises their application not only in this variety, but all others until fluctuation is felt when they should be incised.

The ischiorectal spaces are the favorite seat for abscesses and an abscess here causes more rectal fistulæ than any other variety of abscess. These fossæ are limited above by the levator ani and below by the skin and superficial fascia. They entirely surround the rectum but are separated posteriorly from each other by band of connective tissue. The point of contact of these spaces with the rectum is below the levator and between the internal and external sphincters which accounts for the internal opening of most fistulæ being found between the two sphincters.

Abscesses in these cavities are generally caused in tne same manner as those in other locations, viz: invasion of infectious germs by way of the lymphatics following contusions and lesions of skin and mucus membrane and from ulceration within the rectum.

Tuttle says: "When they occur upon one side of the rectum and open spontaneously or are incised after they have existed several days, they are likely to develop upon the opposite side within a period of four or five days. When opened they do not exhibit a single large cavity but numerous foci containing pus and may be described as a multilocular abscess. This honeycombed like condition of the abscess cavity is due to the connective tissue net work, and

in operating, unless great care is exercised to open all of these, the pus contained in them will burrow or infect other regions and there seems to be no limit to their extent."

When both ischio-rectal spaces are involved the abscesses generally communicate with each other at the posterior commissure through the band of cellular tissue and form the horseshoe abscess and in the great majority of cases an opening occurs into the rectum near their line of union and the horseshoe fistula is established. Owing to the fact that these spaces are separated from the retrorectal space by only the levator ani, the surgeon should always be on the alert to anticipate the danger of these abscesses, breaking through this muscle and invading the superior spaces as they sometimes do, adding greatly to the gravity of the disease.

This danger can be avoided only by early and deep incision thus relieving the tension and pressure of the confined pus against this muscle.

The symptoms of inflammation and formation of an abscess in these spaces are all the symptoms of sthenic fever indiscriminately but more especially pain, which is of a burning, throbbing, sharp and lancinating character and which is greatly exaggerated by defecation. The induration and swelling occur early and is generally readily detected but when it is deep seated it will necessitate the introduction of the examining finger its full length to detect it.

After the inflammation has existed for a few days the redness and swelling will appear on the cutaneous surface and if both spaces are involved the swelling will extend around the entire circumference of the anus, and may spread through the perineum to the scrotum. A peculiarity of these abscesses is the accumulation of gases within them and which some authors say indicates a communication with the rectum, but other authors and notably Tuttle, have shown that gas escapes when the the abscess is opened proving that it does not communicate with the rectum, as the gases would have escaped through the fistulous opening and there would be none left in the abscess.

The surgical procedure to be practiced has been indicated already, which is freely to incise the tumor outside the rectum as soon as it has formed, not waiting for a fluctuation as some authors advise. The main object of the early incision is to prevent its rupturing within the rectum and thus establishing a blind internal fistula. Local applications as heat and cold for this reason have been relegated to the past. The incision can be done under cocainization or general anesthesia if the disease be extensive. This gives re-

lief to pain in a short while and relieves the tension at once whether the discharge be pus or blood.

As a rule a unilateral abscess after free incision, breaking up of all the different pockets with curette or finger drainage, daily dressing and rest in bed will heal readily, but those of the bilateral, communicant variety are more obstinate and slower to heal. If this form does not open into the bowel each side is treated alike, being incised and drained from the band of cellular tissue at the posterior commissure and through which opening the abscesses communicate with each other.

The incision into these abscesses should be as long as the widest part of the abscess, that all parts of the cavity may be readily reached by the examining finger, which should be used in preference to a curet, in breaking up all the pockets. Should there be much hemorrhage the cavity is tightly packed with gauze for twenty-four hours but at the end of this time it should be removed and no packing at all used in order that the sides of the cavity may come together, thus hastening union.

If there should be an opening at the posterior commissure into the rectum forming a fistula, one side is treated as a fistula, making a free incision into the abscess and dividing the rectal walls on that side from the fistula's opening in the rectum to and including the anus, it is then drained, cleansed with antiseptic washes and loosely packed with aseptic gauze. The other side is incised, washed out and drainage secured from the posterior commissure but no division of the rectal wall is made on this side.

Hartman of Paris opens these bilateral abscesses posteriorly between the anus and coccyx, introducing a drainage tube on each side into the abscesses.

DEEP ABSCESSES.

A retrorectal abscess has its location in the areolar tissue posterior to the rectum above the levator ani and below the peritoneum. The etiology is the same as for the other varieties plus necrosed bone, extension upwards through the levator ani of an ischio rectal abscess and sometimes it is due to an abscess of appendicular origin.

The symptoms of this abscess are obscure, a sensation of weight, dull aching pain deeply situated, general malaise, slight fever, loss of appetite. with more or less pain when the bowels move. After it has existed for some time there will be increasing sallowness with loss of weight and great depression. No objective external signs exist. Examination reveals a boggy, circumscribed mass in the hollow of the sacrum. Eventually it may burst into the rectum

or perforate the levator ani and enter the ischio-rectal fossæ and may finally open upon the skin.

The treatment consists in making an incision between the anus and coccyx into it, washing it out with 1-2000 sol. bichlor. of mercury, furnish free drainage by the introduction of two rubber tubes, securing them there by suturing them to the skin. No packing, except to control hemorrhage should be used, for the same reasons as given in the ischio-rectal variety. The patient should be given tonics and nourishing diet to sustain and recuperate the failing powers.

Abscesses in the superior pelvi-rectal spaces are situated in the anterior quadrants. They are true pelvić abscesses due to causes entirely outside the rectum as posterior urethritis, prostatitis and other diseases of the genito-urinary organs. The treatment of abscesses of the broad ligaments from uterine and ovarian troubles belong properly to the genito-urinary surgeon and gynecologist, therefore I shall refrain from discussing them.

In conclusion I desire to emphasize the importance of preserving the integrity ofthe rectal walls, if possible, in operating on these abscesses. This can be done by early incisions before the abscess has time to burst into the rectum, and in opening all of them, except submucous, on theoutside and parallel to the rectum, the submucous to be opened within the rectum, preserving in each instance the muscular layer of the bowel, if operated upon in time. The sphincters should be thoroughly divulsed in the subtegumentary variety when the incision has to be carried up within the anal canal, and should also be divulsed in all the other varieties except the tegumentary. They should not be dilated before the abscess is evacuated, however, as there would be great danger of rupturing the abscess during the process owing to the friableness of the rectal walls as compared to the skin. This dilatation lessens the pain, affords free exit for gases and feces and hastens repair.

ORGANIZATION.

Dear Doctor Hoxie:—In your letter of February 7 you ask me, "If the profession of the state were organized, would its condition and that of the public be better, also you add that the profession is only organized when it is organized in one coherent system from county to nation.

If it were possible to organize all of the regular physicians in every county in the nation, it would be a fine thing and such an organization would be a power in the land. Such an organization is a chimera and in my opinion an impossibility. I can best illustrate my opinion by relating my experiences. Dr. Huffman gave me the names of all the members of the state medical society in this district and with those in good standing in the old Southeast Kansas Society there were one hundred and seven, to whom I sent notice of the organization of the district branch of the State Medical Society and with the notice was the recommendation for the forming of county auxiliary societies. As I have said in my last circular letter but one county reported as having formed a county society. Since that letter was sent out, one county reported as having a society and of having had two meetings. This secretary only sent me the names of the officers of the society, notwithstanding the request I had made to have a report of these organizations not later than January 20.

In my county I took the trouble to go to the books of the county clerk and get the names of all those registered and I sent them all a notice to meet in Parsons at an early date in January. There were so few present at this call that they could not form a society. I sent out forty of these notices and they were printed on the same sheet with the first letter so that all could know the purpose of the meeting. So little interest was taken that there were not enough present to even make a start. The truth of the matter is that there are enough doctors in Parsons alone to make a very respectable society. Now if this is true of *Labette County, Kansas*, it is no doubt true of many another county in this nation. I *do think* that, if an organization such as you suggest could be formed it would be all right; but in my opinion it is impossible and unless all regular physicians were in it the organization would be a roaring farce. Now you have my idea of the situation.

Yours fraternally,

Oswego, Kansas. GEO. S. LIGGETT.

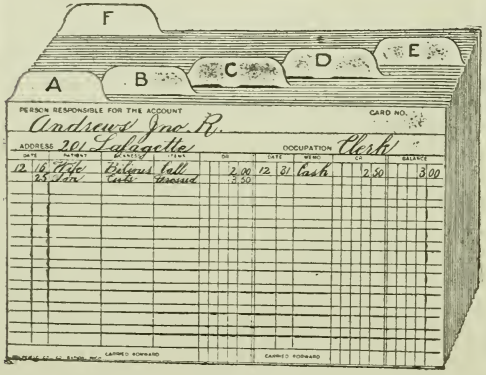
THE

"COUFFIELD"

GRAND RAPIDS, MICH. U.S.A.

Card System FOR Physicians

We have devised a Card System for physicians for recording all the information in connection with each case, and also keeping a record of the account of each patient. It is the most *practical* and *convenient* arrangement known, and one that is very popular with the medical profession.



$1.90 Cash with order, *express prepaid*, buys this complete outfit, consisting of

ONE DESK DRAWER CASE, made of solid quarter-sawed white oak, finished golden, rubbed and highly polished, equipped with an adjustable follower block for keeping contents in an upright position, nine inches long for 3x5 inch cards, with felt feet to protect desk.

200 RECORD CARDS, highest quality linen bristol, white, pen ruled in colors, and printed.

TWO SETS OF 20-DIVISION ALPHABETICAL GUIDES, two colors, one for indexing "Open Accounts" and one for "Closed Accounts."

It is worth, at retail, $3.50. We offer it at this very low price *simply to advertise* our labor-saving systems for physicians' use. Mention this ad and publication.

H. L. COUFFIELD CO.

DEVISERS OF SYSTEMS FOR PHYSICIANS.

232 O ST., GRAND RAPIDS, MICH.

Practice Limited to Diseases of Eye, Ear, Nose and Throat.

DR. J. W. MAY,

Telephone 243 West.

501-502 Husted Bldg. Kansas City, Kan.

Tel. West 98. Office Hours 1 to 4 p.m.

R. A. ROBERTS, M. D.

Rectal and Genito-Urinary Diseases.

502-3 Husted Bldg, Kansas City, Kan.

HERMAN E. PEARSE, M. D.

SURGEON.

322 Rialto Bldg. Kansas City, Mo.

P. D. HUGHES, M. D.

SURGEON.

KANSAS CITY, - KANSAS.

Ind. Tel. 825. Office Hours 2 to 5.

DR. WILLIAM E. M'VEY

Practice Limited to

CHEST, THROAT AND NOSE.

625 Kansas Ave. Topeka, Kansas.

J. M. POINDEXTER, M. D.

534 Altman Bldg. Kansas City, Mo.

PRACTICE LIMITED TO DISEASES OF THE RECTUM AND SIGMOID FLEXURE.

William F. Bernart, M. D.,

HOT SPRINGS, - - ARKANSAS.

The Journal

OF

The Kansas Medical Society

A Monthly Magazine for the Benefit of the Physicians of Kansas

COUNCIL:

DR. E. T. SHELLEY, Atchison. *DR. O. J. FURST, Peabody.* *DR. M. F. JARRETT, Ft. Scott.*
DR. E. E. HAZLITT, Abilene. *DR. F. M. DAILY, Beloit.* *DR. C. E. McCARTY, Dodge City.*

GEORGE HOWARD HOXIE, A. M., M. D.,
Editor and Business Manager,
900 Tennessee St., Lawrence, Kansas.

Printed by The Gazette, Lawrence, Kansas.

Volume IV August 1, 1904 Number 8

EFFECTIVE ORGANIZATION.

The value of the old-time medical organization lay almost entirely in the opportunity it offered physicians to get together now and then in unconstrained social intercourse. Even the formal papers read at the stated meetings were of secondary importance to this. Our newer organization, on the other hand, to be effective must go beyond this and offer help to the physician in his business as well as his profession. The necessity for this arises from the fact that the new organization seeks to gather within itself the whole profession, something which the old organization from its very nature could not do. The latter sought to make an exclusive aristocracy among physicians, but the former strives to make prominent the common interests of the whole profession. The fearful exclusiveness of the older organization was the best kind of incentive to quackery and sectarianism, since it made outlaws of all who did not meet the approval of the select few. The new organization on the other hand aims to wipe out quackery and sectarianism by demonstrating that even those would be quacks are better off if they adhere to the standards of honorable medicine. Like the Gates boy

in *The Sunday Magazine* (July 3), these men are to be won only by fellowship.

Now in Kansas we need first of all accurate information regarding ourselves. The existing directories are inaccurate to the point of absurdity;—there is no such man as your editor in Lawrence, according to the latest edition of *Polk*, while the *Standard* is hardly more reliable. Hence the officers of the State Society cannot know their forces or possibilities, or opponents. A full account of every practitioner must be on file somewhere easily accessible for study in case of legislative or other emergency. We, of the State Society, must rely upon the county secretaries for information regarding the men in each county. But how precious little of such information we actually receive can be seen from the paucity of local news in our JOURNAL. Even if something of importance occurs and the local physician is moved to write it up, there are nine chances out of ten that the information will be sent to some outside journal instead of to our own. In view of this fact, it rests with every consciencious reader of these lines to make himself a secretary and send us news and information, and then to see to it that his county secretary sends into this office (or to Dr. Huffman) a full account of every man practising in that county. We must have a card catalogue and that right soon, even if the JOURNAL has to send a representative out to gather the information.

Granted this accurate card catalogue, then we can easily communicate with each other and help each other to resist imposition (and malpractice suits), we can truly educate the public as to the meaning of honorable medicine and we can keep better informed as to successful methods of practice. The editors of the lay journals would then possibly cease to sneer at us and might even be induced to work for the abolition of infectious diseases and the promotion of hygienic living. Meanwhile let the JOURNAL know who you are and what you think, if you value highly your profession.

THE AMERICAN MEDICAL ASSOCIATION has 167 members in Kansas, and 378 others are subscribers to the *Journal* of that association. This means that 21 per cent. of the Kansas profession read *The Journal of the A. M. A.* About 40 per cent. of Kansas physicians now read this JOURNAL,—a number which must be increased to 75 per cent. this year. Who in your town does not receive the JOURNAL? If you will write us, we may be able to help you to lead these wandering ones into the fold.

RACIAL DECADENCE.

History is repeating itself in the nations of western Europe today, laying before us the same processes that blotted out Rome,—and Egypt—and Assyria—and before them imperial India and China. That part of the population best fitted by intellect and culture to propagate an ennobled race, is failing to reproduce its kind, while the peasant, the pauper, and the criminal, are unchecked in their fertility. Apparantly there are two causes at work to produce this result: one is the weakened physiques of the women in the "upper classes," and the other is the unwillingness of young married people of this class to forego luxury and personal ease in allowing themselves to have children. Even the English are awaking to the enormity of the disaster threatening the *Kulturvoelker*, and a prominent physician has recently worked out an elaborate study of the subject in his appeal to his colleagues for action.

In America and even in the newer states, as Kansas, we have these same forces at work,—and this is the point of our discussion—the movement is aided and abetted by many so-called reputable physicians. The prevention of conception and the performance of abortion have become so common as to have lost their ugliness even to the sensitive medical conscience. Now it is not necessary for us here to delineate *seriatim* the evils resulting to the people themselves on the one hand and to the nation on the other from these practices, —for physicians must by nature be thinkers and only a little thought on this matter will demonstrate the seriousness of the situation. Hence we shall content ourselves with asking our readers to think out the matter conscientiously and then try both among their colleagues and among their patients to stem the current that has set in toward race suicide. Besides this, we would ask our readers to give more attention to the physical development of the girls, and to the instilling of nobler ideas of purity among the boys. The treatment of unmarried mothers (see *Journal of A. M. A.* for July 2 under "Correspondence,") and of justifiable abortions should not be handed over unceremoniously to leathery consciences, but should receive our most serious attention. It requires of course a tremendous amount of tact to care for these cases and have our patients come out from our care with nobler ideals and greater virtue, yet one or two cases of success in these matters will atone for a multitude of failures—so great is the value of a saved soul.

RADICAL OPERATIONS FOR HERNIA.*

HAL C. WYMAN, M. S., M. D.

Professor of Surgery, Michigan College of Medicine and Surgery, Detroit.

Doubtless the first surgeon to enter this state was one of the medical force attached to the expedition of Coronado in search of the wonderful cities of Cibola, at which time he penetrated the wilderness in what is now Kansas as far as the Kaw river. And, doubtless, in the days of those men, hernia was as much a menace to the health and happiness of the soldiers of the great explorer as it is today a menace to the comfort and usefulness of the members of the National Guard. We have had hernia doubtless as long as we have had men, and we will continue to have it until such time as the development of the human body occurs without flaw or blemish. Hernia means a want of sufficient tissue or substance in the abdominal wall to close in and keep in proper position the contents of the abdomen, and when there is an insufficiency of muscle or of facia in any part of the abdomen we may expect sooner or later that the intestine will protrude through this opening and distress the patient with pain and swelling and menace his life by strangulation.

We do not limit hernia except insofar as it is related to the intestines when we speak of radical operations for the cure of hernia, and no operation, no matter how ingenuously devised or skillfully executed will cure hernia that does not either increase the capacity of the abdomen or diminish the volume of its contents. For the sake of terseness I may be permitted to define hernia of the intestine as a condition in which the patient has either too much gut or too little belly, and sometimes both. This view may simplify measurably the methods which are resorted to for curing the disease or infirmity. When a particular part of the abdomen, the inguinal region for example, is the seat of hernia we find the following organs concerned, *viz:* The skin, superficial fascia, external oblique muscle, the ligament of Poupart, internal oblique muscle, spermatic cord, herbial sac and contents, transversalis muscle and fascia, and peritoneum. In dealing with these structures so as to obliterate the opening between them through which the peritoneum and intestines protrude we first divide the skin with a sharp knife and then the fascia and separate the fibres of the external oblique muscle from

*Read before the Golden Belt Medical Society at Abilene, Kansas, April 7, 1904.

attachment to the ligament of Poupart and with retractors drag them away so that the slit or aperture between the internal oblique and transversalis muscle and ligament of Poupart with the spermatic cord and the hernial sac may be plainly seen. In fact, if I am to emphasize any feature of the surgery of hernia let me do it by calling attention to the need of an ample field about the internal abdominal ring. Then we attack the sac, open it, inspect its contents; if there are no adhesions and only loops or coils of intestines are included they are put carefully into the abdominal cavity where they belong, then the sac is drawn carefully out, separated from its relations to the spermatic cord, a ligature is tied about it close up to the abdomen, and the protruding portion is cut away. Then the cord is pushed well into the cavity of the abdomen, the transversalis fascia and muscle is dragged downward to the ligament of Poupart as far as the pubic spine. The internal oblique muscle is treated in the same way, even at the risk of separation of some of its fibres, and by a system of interrupted or continued sutures a blending of the ligament of Poupart and the abdominal muscles already mentioned is accomplished. If care is taken not to draw the sutures too tight, nor to carry them so far toward the median line of the body that the cord is strangled there will in nearly every instance, result a perfect healing of the parts which accomplishes the cure of the patient. But, in case the contents of the sac are found more or less adherent, that coil is glued to coil of intestine by adhesions, and a mass of omentum is incarcerated in the sac, then, before restoring the intestine to the cavity of the abdomen, it should be dragged out, the omentum should be carefully cut away after secure ligation and adherent coils of intestines should be resected and an end to end approximation of the intestine practiced. This secures a diminution of the volume of the abdominal contents and proportionately diminishes the strain upon the congenitally weak abdominal walls. Then we should proceed as before, unless the hernia happens to be a very large one with an opening an inch and a half or more in diameter, in which case we will find such a separation of the fascia transversalis or the internal oblique and external oblique muscles from the ligament of Poupart that it would be impracticable to bring these organs together by any system of suturing, except it be by the introduction of a permanent mattress suture of steel, silver or gold, which may be thrown in between the muscles and the ligament of Poupart in such a way as to form a permanent mesh that occludes the hernial canal.

This procedure has some time proven satisfactory, but a better

method to meet this extraordinary occasion is found by a flap operation, utilizing a part of the fascia lata by cutting from the falciform opening outward a distance of two or more inches parallel with the ligament of Poupart then an incision upwards to the ligament of Poupart, leaving a flap of fascia lata with three borders free, the upper one attached to the ligament of Poupart. Now this flap is turned upward and by sutures drawn into the space and secured between the transversalis fascia and the peritoneum, effectually plugging or closing the large slit between the ligament and muscles through which the hernia has occurred. And here the spermatic cord will be carried inward toward the spine of the pubis where it will not interfere with the suturing of the flap nor favor the relapse of the hernia.

I have not found it necessary to transfer the cord from its natural position to a new one over the abdominal muscles and beneath the fascia and skin, I think its presence at the lower end of the inguinal canal is an advantage rather than otherwise. Nor have I found it necessary in these operations upon men to be always particular to remove the hernial sac, and sometimes in women I have been able to restore the sac along with the round ligament to the cavity of the abdomen in such a way that when the suturing of muscle and ligament was completed, the sac and ligament served as a pad to choke the weak points in the abdominal wall against hernia.

It is almost impossible to write about radical operations for hernia without mentioning the names of Bassini, Phelps, McBurney and sundry others who have enriched the literature of hernia by their writings descriptive of improved methods of operating. But I have thought best on this occasion to proceed directly to the different points in a case of hernia where the desire is to accomplish a radical cure. And consequently I have found that cases differ so much that it is quite easy in looking at the general principles to overlook an important item of detail in the case under operation on the proper handling of which the cure will depend. For example, in following the method of Bassini more care may be taken to secure the cord in a safe position than to close the internal abdominal ring. And it goes without saying that no operation for hernia will give a satisfactory result that does not choke and close this opening completely; so far as inguinal hernia is concerned, there is only one sure method of radical cure and that is efficient closure of the internal abdominal slit, and it matters not whether that is accomplished by dragging muscles down and fastening them to the ligament of Poupart or introducing some foreign body like wire or

plate or the use of a flap from the fascia lata which will close the opening at the same time that it increases the capacity of the abdomen.

Now in hernia of the umbilical region the flap method as practiced by the Mayos in Minnesota is as near perfection as it is possible to get, but here perhaps more than anywhere else it is of prime importance to diminish the volume of the abdominal contents either by resection of omentum or intestine or both if there are adhesions to the sac. And to increase the capacity of the abdomen by devising a flap from the external sheath of the recti muscles and so gaining more tissue and capacity for the abdominal wall. The Mayo's operate radically for hernia through a transverse incision, and secure an overlapping of the recti muscles in a transverse direction. This method has in their hands been very satisfactory. In one case where I have practiced it notwithstanding the fact that there was a perfect closure of the umbilical opening, there was a subsequent spontaneous separation of the recti in the median line above the umbilicus and through this the hernia reappeared. The cause was that I had not removed enough of the abdominal contents, *i. e.* omentum and intestine, nor had I closed the abdomen in such a way by flaps that its capacity was increased.

Probably the herniæ which are the cause of most chagrin to practitioners of surgery are the ventral hernia, those which follow operations upon the appendix, upon the round ligaments and in the middle line of the abdomen. The cure is not as simple nor as easy as the tyro might think. Care must always be taken to secure a perfect overlapping of the peritoneal surface of the transversalis fascia and muscle. Then the fibers of internal oblique or of the recti must be superimposed so that there is no chance for the protrusion of intestine. In these cases it is well to diminish the contents of the abdomen either by direct resection of omentum or intestine, or by a diet and hygiene which diminishes the intestinal contents.

The after treatment of all radical operations for hernia involves an early evacuation of the bowels. It embraces a dressing of simple powder, gauze and cotton secured by rubber adhesive plaster laid on for the mere purpose of securing the dressing, and not embracing the abdomen as a bandage would. Such after treatment recognizes the fact that it is essential to the cure that the abdominal wall must be entirely free to expand and gain more room for its contents in every direction. A bandage of cotton or linen is always more or less unyielding, bands of trousers and gowns are likewise unyielding and must not be permitted by the surgeon unless special

amplitude is provided in them. Diet after operation should be as radically different from that to which the patient was before accustomed as it is possible to select, consistently with the strength and comfort of the patient. If these views are carefully practiced very few cases of radical operation for hernia will relapse.

SYMPTOMS THAT MAY BE ATTRIBUTED TO THE PERPENDICULAR POSITION.

HOWARD H. MOSES, B. S., M. D.
Salina, Kansas.

The change of position from the horizontal to the perpendicular in the human species, undoubtedly has influenced the organism to some extent; not only in the anatomical relation of its parts, but it can be claimed upon the same ground that there must necessarily be a corresponding aggravation of the symptoms when those organs are pathologically changed.

The object of this paper is not to prove that such is the case, but only to point out a few of the many symptoms that may be so attributed to this change; in the hope that the profession may observe along this line and possibly something more tangible may result from it.

In discussing anatomy and embryology of the human, we consider man as occupying a horizontal position. The anatomical parts and their arrangements varying so little from that of the many animals that occupy that plane, that no separate classification or description has been made. For it is taken for granted that all scientists believe that man has evolved from a lower organism, as embryology shows.

The thorax, made up of a bony wall, is practically the same, yet serving a different purpose in man. In the four footed animals the sternum with the adjacent ribs act as a support to the thoracic organs which are not suspended from the spinal column; it also serves as a protection to the vital organs contained therein. On the other hand the human ventral wall is no support to the lungs and the heart, but

only acts as a protection thereto. The diaphragm, common to both, in man must act as a support to the organs, which inthe animal is supported by the bony sternum and ribs.

In the abdominal cavity a radical change takes place in the mechanism. All the principal organs are supported by the mesentery and ligaments from the spinal column. The massive liver receiving some of its support from the bony sternum and ribs. It being the largest and heaviest organ of the abdominal cavity, and by nature of its weight has come to lie ventral; the stomach above the intestines filling up the intervening spaces between the various organs as well as occupying considerable space by themselves. In the female the uterus lies not ventrally but is hung within the pelvis, free from undue pressure.

Notice the great change when we pass to the upright man. With a change in the center of gravity, instead of the weighty liver being lowest, we find it in its relative position, but altered, lying upon and pressing down all the organs, until its point of fixation has become changed.

In general, the peritoneum, the mesentery change their course, there is a sagging, due to the increased pressure upon them. The uterus which in the horizontal animal was suspended with little pressure to influence it, now becomes pushed downward, lies when in a normal position, at the angle of 45°, antero-posteriorly in the pelvis, suspended by the peritoneal broad ligament and the round ligaments, and bearing the weight of the intestines, liver and stomach which if in an engorged condition may be equal to many pounds in weight.

Should there any pathological changes take place, would not the pressure of one or more of these organs upon the other tend to cause symptoms, as of tenderness, pain, sharp or shooting, as a direct cause of the change of position and the results therefrom?

Consider the many female afflictions. Anteversion, retroversion flexion, engorgement and inflammation of the uterus, together with the many pathological changes in the ovaries and tubes, accompanied by a lax abdominal wall, a pendulous abdomen, the whole intestinal tract, liver included, lying and pressing upon the pelvic organs. All this is bound to cause pain, which would not be so aggravated if it were not due to the upright position.

Many of these symptoms can be relieved when the woman seeks the horizontal position, relieving that pressure, together with rest, and she will be placed on the road to recovery.

In the four-footed, the total weight of the body is borne almost equally by the four appendages. The spinal column made up of the vertebræ has but little weight to support. The pelvis is not a structure designed to support the whole body, but only a portion. But when the time comes for the upright position, the anterior limbs become prehensile organs and loose their locomotive function, thus producing a greater freedom of motion. The vertebræ of the spinal column must bear the weight of every one anterior to it. The sacrum, the last of the true vertebræ, wedge shaped, is pushed down into the pelvis arch by the weight above, and the total weight of the body comes to lie upon the pelvis supported by the posterior limbs, causing thereby a change in the direction of the nerve trunks and circulatory canals, to such a degree if it were not for the gradual development into this position serious consequences would result.

When we have patients, and of this class there is a multitude, complaining of pains in the back, the shoulders, radiating anteriorly, running down the thigh, we should always think of the pressure produce by altered conditions. To them it seems kidney trouble, it may be lumbago, or of rheumatic origin. But in the main, can we not attribute it in many cases, where there has been undue strain on those parts just considered, and to increased pressure upon those structures that by evolution have come to bear an increased weight?

These symptoms are but a few that could be enumerated, but I hope a sufficient number have been given that others may direct their attention along these lines, and come to believe that some of these symptoms may be attributed to man's upright position.

WORLD'S FAIR NOTES BY A KANSAS PHYSICIAN.

About the middle of June, the grounds of the Louisiana Purchase Exposition were still unfinished in places, and many exhibits were not yet in place. In fact, so many exasperating evidences of incompleteness still existed—nowhere more conspicuously than in the American Art Exhibit, but quite noticeable everywhere—and the distances between points of interest were so great that the fair rather impressed one as a big fifty million dollar show on a hundred million dollar site and under a twenty-five million dollar management.

No doubt much of the unpreparedness then manifest, has by this time disappeared, but even if it has'nt, no one at all interested in the world's human occupants and their various activities can afford to miss seeing this wonderful show, particularly one who failed to see the Chicago exposition. World's Fairs are becoming such troublesome, expensive, monstrous affairs that it will be many years before any other American city will venture to undertake the thankless and profitless task of getting up a fair on a scale as elaborate and elegant as the one at St. Louis.

About the first question usually asked of one who has been to both the Chicago and St. Louis Fairs is: "How does it compare with Chicago?" Opinions on this question differ, of course, but probably very few persons would maintain that the St. Louis Fair, on the whole, is inferior to that of Chicago. Many even insist that the St. Louis Fair surpasses the Chicago Fair. In size and variety of exhibits perhaps it does, but in certain other particulars this is not true. The only seriously disappointing feature to many who visited the Chicago Fair is the view one gets upon entering the grounds at the "main entrance." Before you is the St. Louis Plaza (corresponding to the Grand Court at Chicago) and this area is a vast expanse of vacancy bordered by rather unimpressive buildings which are nearly hidden from view by too large and too closely arranged trees, while straight ahead in the far distance on a slight elevation at the head of a kind of stairs is seen a squatty structure which very closely resembles an old fashioned bee hive, Festival hall. Chiefly owing to too great width of the area described, the superbly elegant massiveness of the Grand Court at Chicago is wanting, and the result is undoubtedly disappointing to many.

But much of this dissatisfaction is mellowed by a nearer approach to the "bee hive." The elevation on which it stands becomes quite a hill and the "stairs," a beautiful succession of cascades, while Festival Hall looms up before one an an enormous and artistic dome-like structure. Looking back now toward the main entrance, the elevation and the change in direction assumed has made a great change in the view presented. The unimpressive buildings become more stately; the water below the cascades adds to the beauty of the scene and the feeling of disappointment experienced a short while before largely vanishes.

Some of the finest sights at the fair comprise the various areas of landscape gardening between the principal buildings. The hillside below Festival Hall and the sunken garden are especially worthy of mention.

The architecture of all the large buildings, when viewed at close range, is found to be superb. The nearer one gets to them the bigger and prettier they become. The state buildings, generally, are also unprecedently large and handsome. Kansas people will find that their own building compares quite favorably with the other state buildings in size and appointment.

Every visitor to the fair should take a ride in the observation wheel (the old Ferris wheel of Chicago). The cars of the wheel are so large and move so slowly that neither dizziness nor fear is felt in making the trip, even by the most timid, while a very fine bird's-eye view of the grounds and of St. Louis and the Mississippi river in the distance may be had.

Of the "pike" little need be said. Many of its attractions are more or less interesting, but which are the most so must be chiefly a matter of taste.

One of the most interesting, instructive and impressive features of the fair is the presence of people of nearly every race and clime. In quite a few instances, their mode of living and their methods of work may even be seen. Their products are of course in evidence on every hand and the skill displayed by people whom we may regard as quite inferior to ourselves, is at times almost startling. The numerous and varied exhibits of the Japanese are particularly striking and handsome.

Every Kansas physician should make it a point to visit the fair at least a week, notwithstanding the fact that medical men as a rule, can leave their work only with the greatest difficulty. Indeed very few have "time to go." but the busiest doctor with the least time to

spare, needs to go the most. It will be a long time before another opportunity will present itself to Kansas physicians to see a fifty million dollar show for fifty cents, no farther away than St. Louis. Especially urgent is it for the doctor who "just can't go," to go, and to take his good wife with him! She needs and deserves the pleasure, exhilaration and "up-lift" afforded by a trip to St. Louis this fall as much as does her dutiful, hardworking husband.

E. T. S.

FOURTH DISTRICT.

I have been waiting for the supplies of the constitution and by-laws before proceeding with the organization of our counties. As soon as they arrive we shall get to work.

O. J. FURST, *Councillor.*

FIFTH DISTRICT.

The floods prevented the Golden Belt meeting scheduled for July 7 and therefore nothing definite has been accomplished in the work of organizing our counties.

EDW. E. HAZLITT, *Councillor.*

THE SOUTH-WEST DISTRICT.

A meeting was held May 26 at Dodge City under the presidency of Dr. S. J. Crumbine. At 10 a. m. a business meeting was held at which it was determined to change the form of organization to that of a multiple county society and preserve the title, "Sixth District Medical Society," and add thereto, "and The South-western Counties Medical Society of Kansas." This puts the district in line with the state constitution and gives it a chance, should the professional population sufficiently increase, to organize county societies within its territory.

The officers for the next year are, President, Dr. A. B. Scott, Jetmore; Vice-President, Dr. O. L. Helwig, Garden City; Secretary, Dr. C. E. McCarty, Dodge City; Treasurer, Dr. R. T. Nicholls, Liberal; Delegate to the State Society, Dr. G. W. Hollenbeck, Cimarron.

It will be noticed that because of its form of organization this society sends delegates to the State Society,—the district societies cannot have representatives in the House of Delegates. Of course the House of Delegates will be very small, but by holding its meetings separate from the other sessions of the State Society and limiting the voting strictly to the delegates, a much more satisfactory business department will result.

In the afternoon the following scientific program was enjoyed:

President's Address—Dr. S. J. Crumbine, Dodge City, Kansas.

Medical Treatment of Appendicitis—Dr. W. B. Elting, Burdett, Kansas.

Rheumatism—Dr. T. C. Bowie, Hodgeman, Kansas.

Prescription Writing vs. Dispensing—Dr. R. T. Nicholls, Liberal Kansas.

Report of a Case—Dr. H. W. Garnett, Dodge City, Kansas.

Concussion of the Brain—Dr. T. S. Venard, Ness City, Kansas.

Report of an Interesting Case—Dr. Andrew Sabine, Garden City, Kansas.

Report of a Case of Stricture and Treatment of Same—Dr. A. B. Scott, Jetmore, Kansas.

Notes on Summer Diseases of Children—Dr. Mary B. Wakeman, Lakin, Kansas.

Eclampsia—Dr. J. C. Bredehoff, Bucklin, Kansas.

Appendicitis—A Surgical Disease—Dr. H. G. Welsh, Hutchinson, Kansas.

Report of a Case—Dr. C. A. Milton, Dodge City, Kansas.
Two Cases of Syphilis—Dr. O. L. Helwig, Garden City, Kansas.

The Sixth District is congratulating itself upon the election of its former president to the secretaryship of the State Board of Health.

C. E. McCarty,
Councillor for the Sixth District.

HARVEY COUNTY.

Harvey County Medical Society met in Dr. Miller's office, Newton, Kansas, Wednesday evening, June 8. Those present were Drs. Axtell, Abbey, Bennett, Cooper, Haney, McElree, Miller, Smith and Smolt. The secretary was instructed to collect $2.00 from each member to pay our membership in the State Society. Also to try to get every physician in the county to become a member.

Officers were elected as follows: *President*, A. E. Smolt; *Vice President*, G. D. Bennett; *Secretary*, Frank L. Abbey; *Treasurer*, L. T. Smith. A paper, "Diseases of the Gall Bladder" was read by Dr. Axtell and discussed by several. Light refreshments were served. Our society meets monthly.

Frank L. Abbey,
Secretary.

The Harvey County Medical Society met in Dr. Miller's office Tuesday evening July 5, 1904. Probably owing to threatening weather the attendance was small. Those present were Drs. Bennet, Axtell, Miller, Cooper, Abbey and medical student, John Grove. Vice President Bennett presided. Dr. Bennett reported a case of lateral dislocation of the knee with extensive injury to the ligaments. Dr. Axtell gave report of recent operation for gall-stones with obstruction of the common duct and extensive adhesions and impending perforation of the gall-bladder. He was not able to clear the common duct but removed twelve stones from the gall-bladder and left drainage. In three days several other stones passed by the bowel and the extreme jaundice rapidly disappeared. Dr. Cooper

gave a report of the use of transfusion of salt solution in the case of a young man apparently about to die from shock after a railroad accident. Hypodermoclysis had been previously used without apparent effect. Intravenous use of salt solution, one gallon, at 110° Fah. was followed in ten minutes by return of consciousness, strong radial pulse, warm feet and hands and profuse diuresis. Amputation of the injured limb the second day was successful.

FRANK L. ABBEY,
Secretary.

BULLET WOUNDS IN CIVIL PRACTICE.

DR. HUGH WILKINSON.
Kansas City, Kansas.

This subject was chosen to distinguish the ordinary wounds, such as those from a colored ruffian's bulldog revolver or the small target or squirrel rifle, and the wounds seen in modern military and naval practice.

In a large city such as ours with the numerous thugs and midnight browlers about, the former wounds are of daily infliction. With wounds of the latter class few of us will ever deal.

I have made a distinction also, because there is a great difference in the wounds caused by the comparatively large bullet of an ordinary revolver or rifle, made of soft, unjacketed material, and with slow velocity, and close range and the damage inflicted by a modern military rifle, with its long slim bullet of small calibre, seldom more than 35, covered by a hard metal jacket to preserve its form and reduce friction, with tremendous penetrative power, and wounds produced usually at long range.

The bullet wound with which we, as civil practitioners, have to deal, are more like the wounds produced in warfare years ago, when the round lead ball was used in an old fashioned musket. The damage done is more similar than to the wounds of late wars.

The soft, slow-moving bullet of an ordinary firearm at moderate range may produce a variety of wounds. It may merely strike the

surface without perforation of the skin, producing a simple contusion; it may puncture the skin leaving a wound of entrance circular, or with several everted flaps and more or less contusion, and making no exit but lodging some place within the body, either near the entrance wound or at varying distances from it; then again the bullet may enter as just described and take a direct or indirect course to make a wound of exit of larger size than the entrance, usually a slit or with several everted flaps.

Besides these three usual varieties the bullet may re-enter the body and lodge, or even come out and make a fourth external wound.

The bullet in its passage may produce the simplest possible punctured wound or it may go in all sorts of directions, its course being changed by contact with various organs, fascial and bones. The bullet may be somewhat deformed but usually not markedly so unless bone is met with in its passage, when it may be smashed into an unformed mass of lead.

The tissues through which the ball passes are usually more or less bruised about the wound. This is more true the higher the velocity and the closer the range, due to the so-called explosive effect. But with the ordinary bullet and firearm the explosive effect is not marked. I might explain that by this term we don't mean that the bullet is in any manner explosive in itself, but that its sudden entrance into the tissues causes a wave of force to be transmitted in every direction, and so suddenly, that the tissues explode, as it were, and more or less damage results according to the strength of the impact. This is most noticeable in cranial injuries and in those of the solid viscera, as the liver and spleen.

The picture seen in most modern surgical text books of a barrel of water into which has been fired from above directly downward a bullet from a high power rifle illustrates the explosive effects of a bullet in the body. The staves of the barrel, though made of oak, were split in many places and the steel hoops broken by the lateral expansion caused by the sudden, powerful entrance of the bullet.

In this class of wounds secondary hemorrhage is very liable from the fact that in its passage the bullet is more liable to bruise than to puncture a vessel, unless it strikes squarely, the bruised tissues not giving away at once. Still, with proper asepsis, secondary hemorrhage is far less frequent than in former days when those means were unknown.

Another danger more common in our practice than in military is the chance for primary infection. The slowness of the passage,

the character and largeness of the bullet and the usually close range make the possibility of infective material much greater. The commonest cause of the latter mishap is the carrying into the wound of fragments of clothing, the bullet per se seldom infecting the wound.

In the *diagnosis* of gunshot wounds we have an endless variety of things to look out for. The location of a wound makes a certain diagnosis as to unseen injuries more or less important, an exact history of the event should be obtained, kind of weapon used, range, direction from which bullet came, positions and any other similar point which we can get hold of. The wound of entrance must be determined and this, with the history of the event, will help us locate the exit if there is one. With the two openings, or the entrance and other points mentioned, we can form some opinion as to the unseen injuries and judge as to the kind of treatment necessary.

If we find two wounds and are at a loss to know which is exit and which is entrance we must remember that the entrance is usually the smaller one, and a possibility of powder stains may help us some. The inversion or eversion of flaps is not positive proofs of either one. Then, the history of position will aid materially.

If the abdomen is injured we must ascertain first whether the peritoneal sac is punctured, and this by means absolutely aseptic. We must note location of wounds and probable organs injured and plan our treatment accordingly.

If the chest is wounded we have the same diagnosis to make as in the abdomen as to the puncture or non-puncture to the serous sac. If it is, the question of how serious the lung injury arises. In both cases we must judge of the amount of shock and whether it is all surgical or from hemorrhage, considering the chances of ligation if laten is present.

In the *treatment* of bullet wounds there is one point to be ever borne in mind *i. e.* a bullet on entering the body is, in an overwhelming per cent. of cases, for practical purposes, aseptic. And unless it carries with it pieces of clothing, or other septic material, the wound it makes is aseptic and will heal kindly if not infected by meddlesome measures.

The dangerousness of a bullet wound depends in a large degree "upon the degree of asepsis observed during the first examination and dressing." Of course when we make these statements we mean in wounds where the location itself does not make them septic, as in bowels and lungs. These are always septic.

When one is called to a bullet wounded person it is his first duty

to leave it as "severely alone" as possible until he can have the most advantageous place he can get to work in. His only duty is to put on the simplest and cleanest possible protective dressing and make his patient as comfortable as he can until he can take him to some hospital, kitchen or extemporaneous surgery. In this I am presuming that there is no grave complication, as the injury of a brochial or femoral artery. Of course such as these demand immediate action, and quick too, regardless of pus microbes, which for once are the lesser evil.

A large per cent. of the seriousness of bullet injuries can be traced to a dirty probe incautiously used. The first bullet wound with which I ever had anything to do with resulted in the death of the individual, and I am positively certain it was due to the ignorance of the first attendant who needlessly probed without indication and with absolutely no antisepsis, either at the time or in after treatment.

A bullet does its harm in passing, and often that seldom does any damage of itself, unless interfering with some vital function. If it punctures some internal organ we must repair or treat as soon as possible by the usual methods. The longer the delay, regardless of shock, the greater the mortality. The treatment of such is no different from wounds by other agents.

If the bullet hits any of the fleshy parts, as the limbs or the back, a proper treatment is to cauterize the openings with strong carbolic acid on a tooth pick swab, to be materalized by alcohol. The surrounding areas must be previously thoroughly scrubbed and disinfected in well known ways. Hairy parts should be cleanly shaved. After this a small drain of suture material or gauze in the opening for twenty-four or forty-eight hours is indicated, not too deeply placed, however. Cover all this with sterile boric acid or boracetanile and a simple dressing of dry gauze and cotton.

If the bullet can be felt immediately beneath the skin it is proper to incise and remove. But ordinarily the proper thing is to leave the bullet alone till it causes some symptom sufficient to indicate its removal.

This applies to the simple cases. The numerous possibilities in this class of wounds would take pages to tell about. We have brain wounds to deal with and the same rule applies here as in other parts, though the injuries are necessarily so much more serious it is often difficult to decide what to do. If there are symptoms which give us sufficient indication as to the location of the ball we are justified in following it up. Not all brain wounds are hopeless. It may cause

facal symptoms from irritation of the Rolandic area. Its removal in this case may be comparatively easy. It may have cut the meningeal vessels and caused the characteristic symptom of that accident. A craniatomy is again indicated to tie that vessel. The Nelaton probe may be of use in tracing the bullet, but most of the apparatus with telegraphic attachments would be impracticable for us as general doctors.

Close range wounds through clothes are very liable to contain septic matter and such wounds, or those with any possibility of such matter in them, should be straight way properly laid open by incision, cleansed and drained and antiseptic absorbent dressing put on.

Wounds thought to be aseptic and treated by the simple means above described, but later becoming septic, should not be parleyed with but should be laid as wide open as possible and thoroughly cleaned, disinfected with carbolic acid and alcohol, or tincture of iodine, or both, followed by irrigation, iodoform packing and copious dressing. They may be partially sutured providing ample drainage outlet is left.

Compound fractures from bullet injuries are more serious, if possible, than those from other agents. I would advocate conservatism in their treatment just as long as the septic symptoms stay away, but on the advent of these amputation is justifiable at once and well away from the wounded area.

Dr. R. M. Wilson of Meriden, Kansas has removed to Guffey, Colorado.

Dr. S. J. Crumbine, the newly appointed secretary of the State Board of Health has moved to Topeka.

Dr. Charles Rockhold, College of Physicians and Surgeons, Keokuk, 1874, died at Parsons from Paralysis, June 18.

The American Medical Association has appointed its next year's meeting at Portland, Oregon for July 11-14. We must all go.

Volume one of this Journal is still in demand. Can you supply a set? We are very grateful to Dr. A. C. Flack of Fredonia for one set of this volume.

Dr. H. K. Cowen, Midway; Dr. H. G. Welsh, Hutchinson; Dr. A. E. Walker, Anthony, have become members of the American Medical Association.

Dr. Minney, of Topeka, reports a case of iritis where 190 grains of potassic iodide are given three times a day and yet without constitutional disturbance and with an excellent effect on the gumma.

The most successful state societies, as well as the national are having all the collections and dues, etc., pass through the secretary's hands, thus relieving the treasurer of a great deal of work and making possible a smaller office force.

Dr. J. C. McClintock was recently elected superintendent of Christ's Hospital, to fill the vacancy caused by the resignation of Dr. Eastman. The management of Christ's Hospital is to be congratulated upon their good fortune in securing the services of Dr. Mc. Clintock.

Dr. Lawrence Chamberlain, gynecologist of the Kansas Medical College, and his wife have returned from an extensive trip in New Mexico, Arizona and California, where he went on account of ill health. The doctor is restored to health and has resigned the superintendency of Christ's Hospital and has formed a partnership with his father-in-law, Dr. J. P. Lewis, and will practice in Topeka.

THE EDITOR OF THE LAWRENCE JOURNAL, with his accustomed kindliness toward our profession, thinks because the Commission has asked for 300 physicians to take care of the health of the laborers on the Isthmian Canal that thereby comes in the danger of the project's being "top heavy." When we consider, however, that some 50,000 men will be employed on these works 300 physicians does not seem very much too great a number to control the sanitation of the zone. If the work were to be done in a temperate climate probably 100 would be sufficient.

THE MICHIGAN STATE SOCIETY makes the following financial report this year:

Cash on hand at 1903 meeting	$1,065 02
Dues from members	3,509 00
Refund from Mich. Pass. Agt	6 00
Advertisements	1,996 89
Subscriptions	5 72
Blanks for county societies	15 19
Rebate	1 50
Total Receipts	$ 6,599 32
Printing and Mailing *Journal* (11 months)	$ 3,541 82
State Society expenses	381 34
Commission on advertisements	394 76
Treasurer's salary	12 50
Secretary's salary (11 months)	275 00
Editor's salary (11 months)	275 00
Couucillor's expenses	218 00
Reporting meeting, 1903	200 00
Total expenditures	$5,298 42

Their *Journal* prints 2200 copies and sends to paid up members 1680, to unpaid members 342, to advertisers 63, to libraries 10, to exchanges 10, to medical publishers 7, to editors *Medical Progress* 30, complimentary 5.

OSTEOPATHIC TREATMENT FOR OVARIAN CYST—"I cannot take time to enumerate all of the lesions, bony, muscular, ligamentous, etc., you ought to expect. For bony lesions you must look all along down both sides of the spine from the tenth dorsal vertebra to the end of the coccyx. The innominate bones have revealed some lesion in every case of abnormal cyst I have treated. Difficult to discover, but almost sure to exist, the lesion must be found and corrected. I give close attention to sacral nerves, especially where they emerge

from foramina as well as to the glutei muscles. Fine results may be expected from carefully stretching the sphincter ani. After treating the tissues in close relation to the tumor, I spend one or two minutes vibrating the tumor itself. A few seconds may be given to inhibiting the inferior hypogastric plexuses, occasionally doing the same to solar, hepatic, splenic, and other plexuses. Bearing down pains may be relieved by a light inhibition on both sides of the clitoris. The costa and iliac vessels should be gently lifted and manipulated. The spine itself should be stretched and vertebræ too close should be spread. The muscles of the thigh may be stretched and rotated on femur adduction, and abduction being given as the limb is extended. In some cases we shall fail unless some work is done at perineum and labia." Riches in *Osteopathic World*, Nov. 1903, quoted by Dr. O. T. Osborne in *The Journal of the A. M. A.* for July 2, 1904. Would you like to have your wife, sister or a friend treated thus? It is well that osteopaths are high cultured moral gentlemen!

GALL-BLADDER PATHOLOGY—MEDICAL AND SURGICAL TREATMENT.*

H. G. WELSH,

Surgeon in Chief, Welsh Hospital, Hutchinson, Kansas

This is a subject of great interest. It is interesting to the internist, the surgeon and greatest of all to the laity. Some diseases are of interest because of their rarity; others on account of their frequency and of the means employed in their treatment. In this country, according to Mosher, about 1 in 14 people have gall-stones; it means a great deal. In Germany it is more frequent, 1 in 8, Naunyn says 25 per cent, or 1 in 4, of all women over 60 years of age have gall-stones. Shroeder places it at 20.6 per cent, or a little less than 1 in 5. Mosher's estimate in American women is much less, being 9.37 per cent, or a little less than 1 in 10.

However frequent this disease may be, it is evident that very many of the cases, perhaps $\frac{2}{3}$ or $\frac{3}{4}$, are not recognized during life. This is due partly to two causes; first, some few people have gall-stones without any deleterious effects from them; and secondly, the cardinal symptoms of gall-stones, as laid down by the older authors, which we expect to find before making a diagnosis, are only found in exceptional cases. Therefore a true diagnosis is only occasionally made. Kehr believes that symptoms of gall-stones occur in only 5 per cent of cases. I believe, however, that he is wrong in this. The trouble is that we do not recognize the symptoms they do produce. We have learned to diagnose appendicitis and inflammation of the bowels which used to be so fatal, now seldom occurs. When we learn the symptoms of cholelithiasis there will be fewer cases of gastritis, of gastralia, and other symptoms of this trouble that are now considered and treated as diseases *per se.*

As to the etiology of gall-stones it matters but little, as I believe we can do nothing to prevent their formation. If tight lacing is a cause, I am afraid the medical fraternity is not strong enough

*Read before the South Kansas District Medical Society t Wichita, April 20, 1904.

at present to put a ban on the corset. If a lack of balance between indigestion and assimilation is one cause, it would simply be out of the question for us to try to regulate this. So long as the gall-bladder retains its normal anatomical position, and is mechanically perfect there is no occasion for treatment, because it becomes distended with bile, which is a non-irritating fluid and empties itself. These functions give rise to neither pain, irritation nor discomfort. Anything that will block the lumina of the ducts, interfering with the drainage of this viscus, will cause a certain amount of residual substance which makes the accumulation of bacteria possible, causing an inflammation which may be only catarrhal at first, but later destroying the mucous membrane, resulting in cicatricial contraction and further obstruction.

Ochsner has found "a distinct interference with the natural drainage of the gall-bladder" in most of his cases. "In many cases this was caused by a drawing down of the gall-bladder, due to adhesions to the omentum or transverse colon, or both, probably due to adhesions caused by a peritonitis resulting from a perforative appendicitis which the patient had sustained many years before." "In other cases there was a pedunculated gall-bladder which has been attributed to the effects of tight lacing, and as in my cases this condition occurred only in women, it seems possible that this view is correct."

The colon bacillus is found with great regularity in gall-bladder disease and gall-stones. Cushing found that 30 per cent of gall-stone patients operated at John Hopkins Hospital had previously suffered from typhoid fever and Ochsner found more than 35 per cent of his cases had suffered from acute or chronic appendicitis. Whether or not appendicitis or typhoid fever have anything to do with the formation of gall-stones, it appears quite evident that anything that will interfere with the flow of new bile through its normal channels will soon cause a pathological condition, greatly disturbing the health of the patient. Whatever the cause, we have the condition and I have no prophylactic remedy to offer. When we come to consider the symptoms of gall stones we must bear in mind that the great majority, about 75 out of 100 will be found in women. We must bear in mind also the age of the patient, as this disease is rare under the age of 25 years and much more frequent as age advances; 25 per cent, according to Naunyn, of all women over 60 years of age have gall-stones. It is worth while to bear the statistics in mind.

Ochsner finds that 80 per cent. of his patients operated upon for gall-stones complained of digestive disturbances especially and al-

most all of them had been treated by a number of physicians for gastritis. One half of his cases had never suffered from distinct biliary colic, and of those who had suffered from these symptoms one-half had been looked upon as suffering from gastralgia. Only a few of his cases had been severely jaundiced at any time and more than one half had never been jaundiced. In but a few cases were gall-stones found in the faeces. Here are three of our old classical signs absent in a majority of his cases.

Ochsner gives the following symptoms: "The symptoms which will most constantly lead to a correct diagnosis when gall-stones are present are not biliary colic, jaundice and passage of gall stones with the faeces, as we have been taught for many years, but (1) digestive disturbances, a feeling of weight or burning in the vicinity of the stomach after eating, gaseous distention of the abdomen; (2) a dull pain extending to the right from the epigastric region around the right side about at a level with the tenth rib, extending to a point near the spine and progressing upward under the right shoulder blade; (3) a point of tenderness upon pressure between the ninth costal cartilage on the right side and the umbilicus; (4) a history of having had one or more attacks of appendicitis or typhoid fever; (5) in many of these cases there is a slight tinge of yellow in the skin not sufficient to be recognized as icterus but still sufficient to be perceptible upon close inspection, especially on days on which the patient is not feeling very well, when she complains of feeling bilious; (6) there is usually an increase in liver dullness; (7) there may be a swelling of various size opposite the end of the ninth rib. Of course, if we have added to these symptoms the biliary colic, followed by distinct jaundice and possibly by the passage of biliary calculi, our diagnosis is still further confirmed; but even without these last three conditions we must make the diagnosis ordinarily, or we will miss a diagnosis in most patients suffering from gall-stones."

I quote Ochsner for the reason that I am personally acquainted with him, have seen him operate many times, and as he has operated on several hundred of these cases I consider him an authority worth quoting.

The reason Ochsner and the Mayo's operate on so many cases is that they make the diagnosis. If we can only learn to diagnose these cases many more will be treated for their true condition; and complications caused by the presence of gall-stones, such as constant digestive disturbance, carcinoma of the gall-bladders, etc., will be prevented by a timely and safe operation for their removal.

The medical treatment consists mainly in giving large quantities

of water, preferably taken hot, never eating quite enough to satisfy the hunger; sodium phosphate in drachm doses, taken in hot water 40 or 45 minutes before meals, and pure olive oil in doses of from two to six ounces at bed time. Following this treatment some cases seem to do exceedingly well, apparently recovering. I call to mind one case wherein I pursued tnis plan of treatment and she so far recovered that she did not have another attack for eight years, when the attacks of gall-stone colic returned. During an attack of gall-stone colic other things must be done. Morphine and atropine hypodermatically, hot baths, hot applications to the region of the liver, etc. Gastric lavage and rectal feeding will do a great deal to give comfort to the patient who is suffering with digestive disturbances.

Surgical treatment consists in making the incision along the outer border of the right rectus muscle, beginning at a point about one inch below the border of the ribs, extending the incision downward from two to four inches. In an obese subject you will be compelled to make the incision longer than in one whose abdominal walls are thin. After having opened the peritoneal cavity it is best to insert the index finger of the right hand into the foramen of Winslow and examine the common and cystic ducts, also the gall-bladder. This can sometimes be done through a small incision and if the duct are clear and no extensive adhesions about the gall-bladder the latter can be brought into the end of the incision and with a fine cat gut suture and a round curved needle sutured to the peritoneum about three quarters to one inch down from the fundus. After suturing the gall-bladder to the peritoneum it is well to proceed to close the rest of the incision in the ordinary way. This done, it is well to pack moist gauze about the fundus of the gall-bladder in the abdominal incision. Then asperate the gall-bladder, drawing off the bile before opening it up to remove the stones. The stones may be removed by a dressing forceps or a blunt curette, the latter I find the better for small stones. The gall-bladder may now be packed with gauze which is withdrawn in a minute or two, after having time to absorb the remaining bile, if any, and also allowing many of the small stones or sand to adhere to it. This procedure may be repeated several times if found necessary. To complete this operation we place a puckering string of silk near the top of the gall-bladder, and then placing a rubber drain about three-eights of an inch in diameter, tighten the string about it, and dress with plenty of gauze. Our patient is now put to bed and the drainage tube connected with a long rubber tube which drains the bile off into a bottle, thus keeping the dressing and bed clean.

The *modus operandi* just described is for a typical easy case, what they all should be and like they will be when we learn to make the diagnosis early, for these sufferers usually act upon the advise of their medical advisors. These typical easy cases, however, are the exception. More often you will find complications which render the operation much more difficult, requiring the utmost skill of the operator, and those who have not had a great deal of experience in abdominal surgery had better let the job out. I will not detain you with a description of the operation in complicated cases. However, difficult as these operations are at times, surgery of the gall-bladder and bile ducts has become one of the most satisfactory branches of our art. The mortality, taking the cases as they come, is hardly more than 5 per cent. and in uncomplicated cases less than 2 per cent.

If the profession could be convinced of the fallacy of the doctrine so long taught us, that gall-stones could be dissolved by internal medication, many a misguided victim would be saved a premature journey to his fathers by the internist's doing his duty, calling a surgeon to his assistance and they, working together, curing the victim's "gastralgia," his "gastritis," by removing his gall-stones.

THE VALUE OF THE EXACT DETERMINATION OF BLOOD PRESSURE IN GENERAL PRACTICE *

O. P. DAVIS, A. B., M. D.

Professor Principles and Practice of Medicine, Kansas Medical College, Staff Physician Christ's Hospital, Topeka.

(Continued from July number.)

To use the Riva-Rocci instrument, the inflatable band is adjusted around the chosen limb, preferably the arm above the elbow, as the radial pulse is most conveniently palpable, and the pressure raised until the pulse, distal to the constriction, is obliterated. The pressure is then gradually relieved till the pulsation at the wrist is

*Read before the Shawnee County Medical Society, October 5, 1903.

again felt. The mean between the two readings of the scale is equivalent to the maximum arterial blood pressure.

To use the Gaertner instrument, the inflatable ring is placed over a finger between the first and second joints. The tip of the fingers to the first joint is then rendered bloodless, before inflating the ring, by rolling a small rubber band down toward the joint, forcing the blood before it out of the terminal phalanx. The compression of the bulb now raises the pressure in the apparatus to a point beyond the probable blood pressure of the individual, whereupon the small rubber band is removed, the ring alone maintaining the anæmia by pressure on the digital arteries. The pressure is now gradually released until the blood pressure becomes sufficient to overcome the constricting force of the instrument, as evidenced by the return of color to the finger. When the color of the finger tip becomes a deep purple, the height of the column of mercury indicates the blood pressure of the given case. Instead of the mercury manometer either instrument may be equipped with a more convenient spring or aneroid indicator. But such an accessory, while more portable and compact for bedside work, is not so trustworthy as the mercury manometer, and needs to be compared with such a standard, to insure accuracy.

These two instruments it will be seen, are based on the same general principle, differing chiefly in the method of observation. The Riva-Rocci depends on the palpation of the vanishing and returning pulse; the Gaertner, upon the visual perception of returning color to the anæmic finger. Of the two senses thus appealed to by the two instruments the sense of sight may be accepted as the more reliable and more acute. And yet the Gaertner instrument has been objected to because it has to do with the small digital arteries. But Gaertner himself has shown that the pressure in the digital arteries is the same as the lateral pressure in the volar arch, and that this is only slightly, if any, lower than that of the radial arteries. Another more potent objection is that such small peripheral arteries as the Gaertner instrument utilizes are more subject to vasomotor variations than large vessels and are especially subject to local influences, such as heat and cold, etc. But these objections are not sufficiently valid to interdict the quite general use of the Tonometer, and its simplicity of mechanism and ease of application have gained for it a wide use in Europe, and are making the estimation of blood pressure a more popular and practicable procedure everywhere.

The Riva-Rocci instrument, as simplified by Cook, and hereinbe-

fore described, is certainly a valuable device. and perhaps applicable in many cases where the Tonometer cannot well be used. At any rate, the possession of both instruments by the clinician who wishes to make correct observations is strongly to be advised, for the one supplements and corrects the other. The extensile rubber bag completely encircling the arm, transmits the pressure equally through the medium of the tissues to the large arteries beneath and perpendicularly to thin walls at every point. Thus anatomic and superficial influences are minimized and perhaps a greater accuracy of measurement secured than by any other means.

It is hardly necessary to say that the indications for the use of either or both of these instruments are found in disease of the blood heart, kidneys and in certain varieties of nervous diseases. Indeed, the field of application of those methods is practically unlimited, and to discuss this phase of the subject would be in itself quite enough for a thesis if not for a volume. It is perhaps sufficient for the purposes of the present paper to briefly summarize the matter, reserving for another paper at some future time some detailed results of more extended personal observations than opportunity has afforded up to this date.

The normal maximum blood pressure averages, when lying at rest:

For children of 1 to 3 years,	85 to 95	m. m.
" " over 3 years,	95 to 110	"
" adult females,	115 to 125	"
" " males,	125 to 135	"

The mean arterial pressure is about three-fourths of the maximum.

A constant pressure of 150 to 160 should be regarded as suspiciously high. Various influences are active in modifying arterial pressure, such as posture, food, sleep, physical and mental work, phychical conditions such as grief, worry, etc. Several readings should be obtained and the average taken.

The high pressures are of special interest on account of being associated with diseases whose most dreaded symptoms are due to excessive strain upon the vessels. In uræmia and arteriosclerosis, pressures of 170 to 240 or more m. m. are said to be the rule. In interstitial nephritis a high arterial tension is characteristic, and a lowering of the pressure is usually associated with improvement of the symptoms. In the diagnosis of kidney and other diseases in which the blood pressure is symptomatically changed, the accurate

determination by one or the other of these instruments is a valuable aid.

As a prophylactic guide also such determination is of great value for it is very important to have the earliest posssible intimation in advance of a break in compensation of affected organs, as in valvular diseases of the heart and in kidney diseases. Timely knowledge may postpone such an unhappy issue.

As a prognostic adjuvant, in acute as well as chronic cases, a series of observations by one or both of these instruments may throw great light on the probable endurance of that most important organ, the heart.

And finally, in a therapeutic regimen, the measurement of the action of drugs or other treatment, given for the effect upon the heart and arterial tension may be noted with advantage.

Nothing is to be said in disparagement of the educated touch and eye and accomplished instincts of the experienced practitioner. Many of the fathers in medicine acquire faculties in perception which seem to border on the supernatural,

"And old experience doth attain
To something of prophetic strain."

But they cannot always define or describe their observations, nor can they transmit their acquirements to their successors. And sometimes, even after, they differ among themselves about what they have divined. But the machine or the instrument of precision will seldom lie; and there is no more reason to continue relying on the individual judgment as to the tension and other qualities of the pulse than to be content with guessing that a person has or has not a fever.

And when such simple instruments and technique as are here to be exhibited are available, there is noreason why routine observations of arterial tension should not be practiced by every physician in appropriate cases, and even intrusted to nurses or other attendants, along with the clinical thermometer.

CHOREA AND ANEMIA.*

ROSHIER W. MILLER, M. D., PH. G.,
Barton Heights, Va.
Lecturer on Nervous and Mental Diseases, and Professor of Theory and Practice of Pharmacy, University College of Medicine, Richmond, Virginia.

In the etiology of chorea, nothing is noted relative to anemia. It is simply accounted as an accompanying symptom of the condition. Medical literature emphasizes the relation between rheumatism and chorea, with anemia as an important symptom. After observation of several cases, I am strongly of opinion, however, that anemia as a causative factor is worthy of investigation.

Anemia of toxic origin presents pathological conditions which favor the production of choreic affections. It is true that simple anemia is, as a rule, of secondary origin, and, viewed in this light, it may be argued that if chorea arises, it is the result of the primary and not of the secondary conditions—thus agreeing with the admitted etiology. This argument, however, will not satisfactorily explain those cases of chorea which arise remotely from the primary condition, but recently from the secondary effects.

I submit three cases in which symptoms, treatment, and recovery seem to intimate at least a possible relation between anemia and chorea.

CASE I.—A female child of eight years gave a history of typhoid fever eight months prior to my visit. According to the mother's statement, the child had made a quick and good recovery, gaining rapidly in weight and exhibiting the energy of her former life. Six months later she became irritable and pale, with pain in her arms and legs, which condition was soon followed by gastric disorders and irregular spasms of the muscles of the face. Simple anemia was in evidence from objective and subjective symptoms alone, but was unquestioned in the light of the results obtained from blood examination—the red blood element being present to the extent of barely 3,000,000 red corpuscles per c. m.

This case was treated with two teaspoonfuls of pepto-mangan (Gude) and two drops of Fowler's solution three times a day. After gastric symptoms had abated somewhat, two raw eggs per day were added to the diet. The patient was discharged in five weeks, completely recovered.

CASE II—A female child of ten years of age; gave history of malaria (a well-defined case of intermittent fever) one year previously. The pallid condition of the child induced the mother to solicit my aid. Upon examination, I found slight choreic movements which had escaped the mother's eye though she did admit that the child "could not sit still very long at a time," and "was constantly working her

*From the Virginia Medical Semi-Monthly, May 13, 1904.

fingers." The blood examination revealed no plasmodium. The red cells were reduced to 2,800,000 per c. m., with a proportionate decrease of hemoglobin.

Pepto-mangan (Gude) alone was employed in doses of two drams in a glass of milk three times a day. The blood examination four weeks later showed red cells present to the amount of 3,900,000 per c. m., at which time I dismissed the case completely recovered.

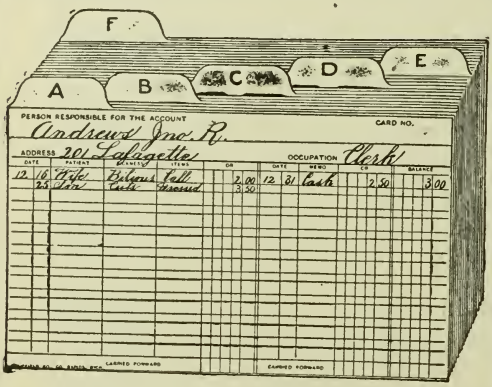
CASE III.—A female child of thirteen years. Two months before my visit, the mother informed me, the child became peevish and pale, and was reproved at school for her inability to write neatly. She was taken from school, but she grew rapidly worse. Morning nausea, vomiting, headache, and anorexia were her daily companions. I found her with pronounced histrionical symptoms, with involvements of the upper and lower extremities. Hemic murmurs were plainly apparent, but no endocardial irritation could be determined. The blood count showed reduction in red cells to 2,100,000 per c. m. The hemoglobin was reduced to a degree greater than the red cells. A curious feature of the case was the morning nausea. Immediately upon awakening, she experienced nausea, which was followed by vomiting. I discovered, however, that this condition was superinduced by odors from the kitchen, and directed that a small sponge, moistened with creosote water, be placed over the nose and mouth before the preparation for breakfast began. The annoying symptom was promptly checked by this simple method. The anemia in this case may have been produced by malnutrition, but even this view is mere speculation.

The irritability of the stomach in this case was so pronounced that I did not deem it wise to give nourishment—not to speak of medicine—by the stomach. During the first four days rectal alimentation was employed. A nutritive enema, consisting of four ounces of peptonized milk and two drams of pepto-mangan (Gude), was given every six hours. Small amounts of peptonoids with creosote on ice were given by the stomach. Egg albumin was taken in all the water she drank. After four days the stomach was tested with small amounts of milk and pepto-mangan (Gude). Beginning with four ounces of milk and one dram of pepto-mangan (Gude) every four hours, the amount of each were rapidly increased, until after three days the patient was taking eight ounces of milk every two hours and four drams of pepto-mangan (Gude) three times a day. This diet, plus three raw eggs a day, together with the above treatment, was all that was employed for six weeks. The blood examination at this time showed a highly gratifying condition—the red cells being present to the extent of 4,100,000 per c. m. The bloom of youth once more tinted the cheek, and the shrine of St. Vitus lost a visitor.

THE "COUFFIELD" GRAND RAPIDS, MICH. U.S.A.

Card System FOR Physicians

We have devised a Card System for physicians for recording all the information in connection with each case, and also keeping a record of the account of each patient. It is the most *practical* and *convenient* arrangement known, and one that is very popular with the medical profession.



$1.90 Cash with order, *express prepaid*, buys this complete outfit, consisting of

ONE DESK DRAWER CASE, made of solid quarter-sawed white oak, finished golden, rubbed and highly polished, equipped with an adjustable follower block for keeping contents in an upright position, nine inches long for 3 x 5 inch cards, with felt feet to protect desk.

200 RECORD CARDS, highest quality linen bristol, white, pen ruled in colors, and printed.

TWO SETS OF 20-DIVISION ALPHABETICAL GUIDES, two colors, one for indexing "Open Accounts" and one for "Closed Accounts."

It is worth, at retail, $3.50. We offer it at this very low price *simply to advertise* our labor-saving systems for physicians' use. Mention this ad and publication.

H. L. COUFFIELD CO.

DEVISERS OF SYSTEMS FOR PHYSICIANS.

232 O ST., GRAND RAPIDS, MICH.

Practice Limited to Diseases of Eye, Ear, Nose and Throat.

DR. J. W. MAY,

Telephone 243 West.

501-502 Husted Bldg. Kansas City, Kan.

Tel. West 98. Office Hours 1 to 4 p. m.

R. A. ROBERTS, M. D.

Rectal and Genito-Urinary Diseases.

502-3 Husted Bldg, Kansas City, Kan.

HERMAN E. PEARSE, M. D.

SURGEON.

322 Rialto Bldg. Kansas City, Mo.

P. D. HUGHES, M. D.

SURGEON.

KANSAS CITY, - KANSAS.

Ind. Tel. 825. Office Hours 2 to 5.

DR. WILLIAM E. M'VEY

Practice Limited to

CHEST, THROAT AND NOSE.

625 Kansas Ave. Topeka, Kansas.

J. M. POINDEXTER, M. D.

534 Altman Bldg. Kansas City, Mo.

PRACTICE LIMITED TO DISEASES OF THE RECTUM AND SIGMOID FLEXURE.

William F. Bernart, M. D.,

HOT SPRINGS, - - ARKANSAS.

The Journal

OF

The Kansas Medical Society

OFFICERS OF THE SOCIETY:

LAWRENCE REYNOLDS, Horton, President.
L. H. MUNN, Topeka, Treasurer.
CHARLES S. HUFFMAN, Columbus, Secretary.
E. T. SHELLEY, Atchison, Vice-President.
D. E. ESTERLY, Topeka, Vice-President.
R. J. MORTON, Green, Vice-President.

COUNCIL:

1. *E. T. SHELLEY, Atchison.*
2. *M. F. JARRETT, Ft. Scott.*
3. *F. M. DAILY, Beloit.*
4. *O. J. FURST, Peabody.*
5. *E. E. HAZLITT, Abilene.*
6. *C. E. McCARTY, Dodge City.*

Volume IV | September 1, 1904 | Number 9

THE PHYSICIAN'S OATH.

"I SWEAR * * * * * * * * * * * * to reckon him who teaches me this art equally dear to me with my parents; to share my substance with him, and relieve his necessities if required; to look upon his offspring upon the same footing as my own brothers, and to teach them this art if they wish to learn it, without fee or stipulation, and that by precept, lecture and every other mode of instruction I will impart a knowledge of this art to my own sons, to those of my teachers, and to disciples bound by a stipulation and oath according to the law of medicine, but to no others. I will follow that system of regimen which, according to my best judgment, I consider best for my patients, and abstain from whatever is injurious. I will give no deadly medicine to anyone if asked, nor suggest any such counsel. Furthermore, I will not give to a woman an instrument to procure abortion. With purity and holiness will I pass my life and practice my art. I will not cut a person who is suffering with stone, but will leave this to be done by those who are practitioners of such work. Into whatever house I enter I will go for the advantage of the sick, and will abstain from every voluntary act of mischief and corruption, and, further, from the seduction of females or males, bond or free. Whatever in connection with my professional practice, or not in connection with it, I may see or hear, I will not divulge, holding that all such things should be kept secret While I continue to keep this oath inviolate, may it be granted me to enjoy life and the practice of my art, respected always by all men, but should I break through and violate his oath, may the reverse be my lot."

Dr. James Hutchinson who graduated from the Missouri Medical College in 1876, died in Boling, Kansas, August 3, aged 62.

The New Jersey Medical Society has begun to publish a journal. Thus nearly all the progressive state societies publish journals. We wonder if our readers realize that Kansas was one of the leaders in this movement.

Dr. H. W. Russell, a graduate of the St. Louis Homœopathic College of Medicine, has left Farmington, Illinois, and located in Lawrence, Kansas. Dr. Blair of Monmouth, Illinois, has also made arrangements to locate in Lawrence.

Is the feeling among the physicians in your town unsatisfactory? Is there underbidding? Slander? Do the newspapers print all sorts of fakir advertisements and despise their "home doctors"? Then, write to the councilor for your district, telling him the state of affairs and ask his aid.

The Second District meets at Chanute on September 6 with the following program: Dr. George E. Cole, Girard, Care of the Emaciated; Dr. J. E. Jewell, Moran, Some Faults in the Laws Regulating the Practice of Medicine in the Various States; Dr. A. L. Fulton, Kansas City, Missouri, Crushed Injuries of the Extremities; Dr. E. B. Payne, Galena, A Paper; Dr. E. G. Mark, Kansas City, Missouri, Prostatic Hypertrophy; Dr. W. E. Barker, Chanute; Rheumatism; Dr. J. N. Jackson, Kansas City, Missouri, A Paper; Dr. T. A. Stevens, Caney, The Pulse in Diagnosis and Prognosis; Dr. W. H. Wells, Coffeyville, Autoinfection and Autointoxication from the Intestinal Canal.

A pamphlet on *Succus Alterans* prepared apparently for physicians and discussing in detail its action and giving many letters from physicians has been sent to many laymen in Leavenworth. Dr C. J. McGee, of that place questions the propriety of the profession's using any preparation thus paraded to the laity. It is the old question of what drugs we shall use and if Messrs. Eli Lilly & Co., are not rather careful they will estrange a large part of the medical profession to such an extent that the products of other houses—for the equivalent of even succus alterans can be obtained elsewhere—will be used in preference to theirs. We cannot afford to deal with druggists, either manufacturers or retail, who do counter prescribing behind our backs.

CARE OF THE PERINEUM DURING AND AFTER CONFINEMENT*

S. B. LANGWORTHY, M. D.,
Leavenworth.

The care of the perineum during confinement should begin when the doctor is packing his grip preparatory to attending a confinement case. Such instruments, sutures, and other material as are necessary for doing a primary perineorrhaphy should invariably occupy a place in his obstetrical satchel. The accoucher should thus take it for granted that a tear of the perineum is very likely to occur during any delivery. This is of course more emphatically the case with a primipara than with a woman who has previously borne children, but pertains to all cases. It is undeniably true that with the best of care a very large percentage of women have the perineum more or less torn during the first confinement. A great deal has been said and written as to the methods for preventing laceration of the perineum and it is not my purpose to dwell upon this part of the care of the perineum at any great length. I nevertheless believe it to be a matter of very great importance. I heard a physician of some prominence say that, although he tried to support the perineum in the way that he had been taught to do it, yet it was his opinion that if it was going to tear, that it would tear and that was all there was to it. Such teaching as that is harmful and calculated to make one careless in the care of the perineum. By care, rents can be prevented that would otherwise occur; and not only this, but when they do occur they will not be as extensive if proper precautions are taken as they would if we simply take it for granted that if they tear, they tear and that it cannot be helped.

One of the most important points in the management of the perineum is to prevent too rapid expulsion of the head and shoulders from the vaginal outlet. Of course this is a well known fact and is so well recognized, I might almost say self evident, that it is not necessary for me to dwell at lengh upon it and yet it is one that is often neglected. The labor may have been long and tedious; not only the patient but everyone concerned is anxious to have it over; the doctor is tired and impatient to have the delivery accomplished without delay, and so the tendency is when we see that the head is about to be delivered to hurry it up rather than to retard it. Unless there is some special reason, such as the threatened collapse of the

*Read before the First District Society, October 1, 1903.

mother or danger of cyanosis of the child, this is always wrong. If the living tissues of which the perineum is composed are put on continuous, unremittant tension, they are deprived of blood, deprived of vitality and become merely a mechanical obstacle. They should be allowed to stretch and then to relax so that the circulation may be restored and vitality regained and by this the vitality of the living flesh can be maintained. Hurry at this period of labor is a great mistake. In the average labor, the very best assistant we have in accomplishing this, and indeed I consider it the one thing that will help us more than anything else in preventing these tears or in limiting them, is chloroform so administered that just as expulsion is about to take place, the patient is thoroughly anesthetized or at least enough so as to prevent any voluntary efforts at expulsion, and also to modify the involuntary contractions of the uterus. Anesthesia to this extent of course is not permissible until just as delivery is about to take place and it is a matter of great difficulty and nicety of skill to manage it accurately. Immediately after the head is born, there should not be to great haste in delivering the shoulders. While it is true that the perineum is more frequently torn by the birth of the head, we must not lose sight of the fact that when it escapes this, it is sometimes badly lacerated by the birth of the shoulders or (which is perhaps more often the case) a slight tear caused by the head is continued and made into a very serious one by the rapidly oncoming shoulder. These things are all laid down in the text-books and there we are taught how we may hold the head back during a violent pain, how we may press the head toward the pubis and thus relieve the tension upon the perineum and later on how one shoulder and arm can be delivered before the other so as to prevent a mass of so great diameter from passing through the narrow outlet at once. As I said before, it is not my purpose to go into details as to these various methods, as we only have to refer to the text-books to have better teaching than I can give. Nevertheless it will do no harm for us to be reminded that these methods should be observed and that they are not always observed and that consequently there are many tears of the perineum that might be prevented. Nevertheless with all the care we can use, these cases will occur and we all know that if any obstetrician asserts that he seldom has tears of the perineum, he thinks so because he does not carefully examine the perineum after delivery. Hence I consider that the most important part of the care of the perineum during confinement is the repair of the perineum after it is torn. This may be considered under the following heads: First; What tears require

to be operated upon? Second: When should the operation be done? Third: How should it be done?

In answer to the first question, we may safely say that all tears of the perineum, great or small, should be operated upon. There is no question but that the extensive tears require attention but when there is only a slight break in the mucous membrane, we are inclined to think that it will take care of itself and neglect it. And right here I want to say that it is very easy to be mistaken about the size of the tear in the perineum. Very often on examining a case in which the external perineum is entirely intact and uninjured and there seems to be merely a break in the posterior mucous membrane of the vaginal wall which seems to be of no importance, a more careful investigation would reveal to us that the muscular fibres have been broken into and the so-called perineal body is practically destroyed. We should not let our fatigue or the exhausted condition of the patient or the hurry to get away, prevent us from making a very careful examination and knowing thoroughly in what condition the perineum is. But even if the injury is limited to a mere break of the mucous membrane and the perineal body is not destroyed or decidedly injured it is far better that this tear though it be small should be thoroughly closed. The first and most important object to be gained in the repair of the perineum is of course the restoration of the perineum; but there is more than that. Whenever there is a raw surface left unclosed at the vaginal outlet, there is danger of auto-infection of the patient and the slight tear of the mucous membrane, as well as the more serious tears, is a great source of danger to the patient. It is at once and will continue for days to be an absorbant surface and the excretions from the uterus which necessarily pass over it are in most cases more or less septic after a time and thereby septic infection of the patient may take place; whereas if this slight rent were promptly closed it might have been prevented. I believe this to be a very important reason why a slight tear of the perineum should receive attention as well as the more serious lacerations. I wish to emphasize the fact that this care of the perineum should not be confined to the primipara. We are apt to be negligent in this respect in cases where women have borne children before and let tears in these cases go without attention. This should not be the case; and even though there has been a previous tear which has been unrepaired, if a fresh laceration is made it should be closed up at once, no matter how many children the woman has borne or how many she expects to have in the future.

And now as to when the operation should be done. In nearly all cases it should be done immediately after the delivery of the placenta. There may be cases in which the condition of the patient is such that it is not advisable to proceed immediately with the operation, and there may be cases in which the condition of the doctor is such from exhaustion that he is not fit to do good work. I say this in all seriousness. There are few things more exhausting in every sense of the word than the sitting out of a tedious labor case culminating in a difficult forceps delivery, and the doctor may be so exhausted that it is neither justice to the patient or to himself to do the work at once. But in this case it would be better to call in some one who is fresh to do the work at once than to have it postponed too long. However in most cases it can be done at once and it is preferable that the operation be commenced promptly so that the patient will not have come out fully from the anesthesia produced at the time of the delivery until an assistant shall begin to administer the anesthetic necessary for the primary operation. If done thus promptly and properly done, there will be in nearly one hundred per cent of all cases primary union and a shortened lying-in period. Hence I say that in every case the doctor should have with him in his obstretrical outfit the necessary instruments and material for repairing the perineum, so that when a tear does occur it may be repaired as soon as the placenta is delivered.

The third question as to how the operation should be done is perhaps the most important part of all, in describing the care of the perineum during confinement. In brief we may say that the repair should be done in such a way as to restore the parts to their normal position. When the tear is limited to the mucous membrane, the simple closure of this is all that is necessary. In the complete rent that is to say where it extends through the spincter ani, the task is the most difficult; but I believe that in this class of lacerations the work is usually better done than in the average tear. In these cases the doctor realizes thoroughly the extent of the injury and proceeds with the work carefully and usually does it thoroughly. The average tear, the one which occurs so frequently, is usually improperly closed. The raw surfaces are drawn together with one or more deep, sweeping sutures and a closure is made which heals rapidly, to be sure. But the perineal body is not restored and while this sort of an operation is better than none, it falls far short of accomplishing what should be done. With this sort of an operation, there will be externally the appearance of a restored perineum, but it consists of but little more than skin and mucous membrane and

does not contain the fascia and muscle. The consequence is that it is of no value in supporting the uterus and other pelvic organs and as time goes on becomes less and less so, so that in after years, perhaps five, ten or fifteen, there gradually comes on proscedentia with its attendant sequellæ of dragging down pains, backache, nervousness, palpitation and perhaps neursthenia. Now in our study of how this operation should be done, let us consider what takes place in the perineal tear. Without going into minute details of the anatomy of the perineal body, suffice it to say that it is composed of muscular fibre extending transversely, and also those extending longitudinally or parallel with the axis of the vagina. The tear of this body is never a straight longitudnal, central tear. First the perineal muscles are separated a little to one side of the central tendinous attachment and the tear extends backward and then bifurcates, each part deflecting to one side, the one usually being more extensive than the other. This leaves a pyramidal or perhaps tongue-shaped body, composed of fascia and muscle whose fibers extend from before backwards as well as transversely and it immediately retracts, carrying its apex upward and backward. Perhaps this may be more easily understood by referring to a diagram.* The surface rendered raw by this sort of a tear, in a general way is something like an inverted W as here shown or may be nearly a parallellogram. The point A has been separated from A', and B represents the central tongue-shaped flap spoken of. Its apex has been torn from C and C' has been retracted. Now the closure as it is usually made and as it is taught in some of the old works is simply a lateral drawing together of these surfaces. A sweeping, buried suture is entered by means of the long needle as represented by diagram II, perhaps reinforced by one or more entered in the same manner. This may in a slight degree bring the retracted tongue forward, but it does it very imperfectly and about all that is accomplished is that the raw surface of one side is opposed to that of the other and the union takes place with the muscular fibers at B still retracted and the parts heal without the normal position of the facia and muscular structures being restored; consequently no perineal body is formed. In place of the firm, wedge-shaped perineum which we should have, as in IV P. B. there is formed one as represented in diagram V, which as I said before is of little value for the support of the pelvic organs. Now instead of making the sweeping, deep buried suture just described, the needle should be entered in

* These diagrams are essentially those for the repair of old lacerations as illustrated in Kelly's Operative Gynecology or in Penrose's Diseases of Women.

the manner illustrated in diagram III. First entering the margin of the skin at the anterior lateral angle of the tear, the point of the needle should be carried deeply into the muscular structure, brought out just at the juncture of the raw surface and the mucous membrane within the vagina, then re-entered at the corresponding margin on this side of the retracted tongue and carried through this to the corresponding points on the opposide side, then again entered at the mucous membrane margin and out through the skin at the point corresponding to the first point of entrance on the other side. This suture is practically the same as the so-called crown stitch in the secondary operation as done by Emmit. If the tear is extensive this may be supplimented by another one put in in the same way below it. Occasionally internal stitches will be required high up near the apex of the tear as represented at X and Y and usually one or more deep stitches will be needed at the external apex of the wound. Now when the first suture or crown stitch is tied, the retracted apex of B will be drawn downward and forward to the position from which it was torn and not only will the raw surface be drawn together; but the perineal body will be built up and restored and the operation will be successful and save the patient from much discomfort and disease which almost invariably follows unless this is done.

This operation can be done with either the straight or half-curved needle of moderate size, that is to say about one and one-fourth inches in length. The large Peasly needle, and other needles on a handle are crude, not to say barbarous, instruments for this kind of work and should never be used. Just as bad or worse are the large full-curved needles made from 2 to 2½ inches long which are frequently used in closing the perineum. These greatly add to the traumatism and are so clumsy that it is impossible to do accurate, careful, skillful work with them. In slight tears, absorbable catgut may be used for the entire work, but in those of greater extent, the principal stitch, the crown stitch if you please, should be of some non-absorbable material. Silk may be used; chromacized catgut is good, but I prefer silk worm gut. An objection to silk is that it acts as a wick and by its capilliary attraction may carry septic material along its course and thus cause infection. Chromacized catgut in a lesser degree is open to the same objection, and it is also true that in order to secure sufficient strength, a comparatively large suture is necessary. However it answers a very good purpose. Silk worm gut is easily sterilized, is small in size, yet strong, and not being composed of fibers does not absorb moisture

as does the silk; and besides on account of its smooth, glossy surface, it gives a minimum of pain when being removed. The interior stitches should always be of absorbable catgut while the supplementary external stitches may be of silkwormgut or catgut as the case may seem to require.

It may seem that in these days when obstetricians are almost universally careful of the perineum and prompt to repair it, that a paper of this sort is unnecessary, but my experience shows me that this is not the case; for I find in my work in gynecology that it is the rule rather than the exception that primary operations for the repair of the perineum are partial or total failures as far as restoring the perineal body is concerned and this in cases where there has been immediate union and at the time apparent success. This criticism is true of my earlier work when I did the repair by one or two semi-circular buried sutures as I had been taught to do it, as well as true of a very large percentage of all cases which I examine that have had this operation done; and I believe that if more care would be given to the primary operation, much discomfort and suffering would be avoided and much of the gynecologist's work would be taken from him.

TURPENTINE in heavy doses has proven of benefit in carbolic acid poisoning.

GRAVE'S DISEASE may be after all only the result of intestinal auto intoxication and not caused by the hypertrophy of the thyroid, rather causing it.

IN THE *Berichte der deutschen chemischen Gesellschaft* for March 31, 1904, Prof. Pauly of Bonn shows that epinephrin hydrate is not adrenalin, and further that Takamine (of the Parke, Davis & Co., laboratory) and not Crawford or Abel was the originator of the real adrenalin.

THE STATE BOARD OF HEALTH has at present the following membership:—E. P. Mills, M. D., President, Olathe; G. E. Locke, M D., Holton; J. B. Carver, M. D., Fort Scott; B. J. Alexander, M. D. Hiawatha; A. S. Gish, M. D., Abilene; L. A. Golden, M. D., Kensington; A. B. Scott, M. D., Jetmore; J. B. Carlile, M. D., Leon. S. J. Crumbine, M. D., Topeka, Secretary and executive officer. ADVISORY MEMBERS—F. O. Marvin, A. M., M. Am. Soc. C. E., Lawrence, Sanitary Adviser and Civil Engineer; E. H. S. Bailey, Ph. D., Lawrence, Chemist; Sara E. Greenfield, M. D., Topeka, Bacteriologist.

DR. J. E. WHITECRAFT of Macksville, died June 21, 1904.

DR. W. H. GRAVES has removed from Goddard to Dodge City.

DR. V. E. ZIMMERMAN has removed from Concordia to Stockton.

THE SIXTH DISTRICT Medical Society has 22 members and will meet in October in Jetmore.

JOURNALS WANTED—We want numbers 3 and 9 of volume I (August 1902 and February 1903) of our JOURNAL. Can't you find them among your old papers?

DR. ROBERT S. CARROLL has opened a new sanitarium at Ashville, N. C., for nervous and "institutional" cases. He has remodeled the old Halthenon building for the purpose.

BACKACHE—*The Journal des Practiciens* for July 2 discusses the diagnostic value of backache. Commenting editorially thereon the *New York Medical Journal* for July 30 scoffs at the popular notion that backache is a symptom of kidney or uterine disease. We join with the *Journal* in wishing that someone would work up the subject. We think that no one could do quite as much of justice to the subject. as a real general practitioner and we should be delighted to have some of our readers write up the subject for this JOURNAL.

DR. ERNEST A. TAYLOR, who graduated from the Missouri Medical College (St. Louis) in 1865, died at his home in Hutchinson, July 12, of pneumonia. He served as surgeon in the Seventh Missouri cavalry in the Civil War and for five terms as coroner of Reno county, Kansas.

THE THIRTEENTH ANNUAL SESSION of the Mississippi Valley Medical Association will be held at Cincinnati, Ohio, October 11, 12, 13, 1904, under the presidency of Dr. Hugh T. Patrick of Chicago. The headquarters and meeting places will be at the Grand Hotel.

The annual orations will be delivered by Dr. Wm. J. Mayo, of Rochester, Minn., in Surgery, and Dr. C. Travis Drennen, of Hot Springs, Ark., in Medicine.

Request for places upon the program, or information in regard to the meeting, can be had by addressing the secretary, Dr. Henry Enos Tuley, Louisville, Ky., or the assistant secretary, Dr. S. C. Stanton, Masonic Temple, Chicago, Ill.

The usual railroad rates will be in effect.

STATE BOARD MEETING.

On June 2d there was held a unique and interesting scientific meeting at the rooms of the State Board of Health in Topeka. It was the first annual meeting of the board with the county health officers. It was also the first gathering in Kansas at which representatives of the three schools of medicine discussed scientific matters without the least bit of a quarrel about "pathy." At least the writer knows of no previous meeting of like character.

The morning session was presided over by Dr. G. E. Locke of Holton and was addressed by Governor Bailey. Dr. E. P. Mills of Olathe read a paper on "Preventitive Medicine" insisting on prompt reports, rigid quarantine and thorough disinfection in all infectious diseases; advocating annual examination of school children's eyes and ears and recommending an adequate law compelling vital statistic reports. Prof. F. O. Marvin of the State University, addressed the meeting in relation to the water supply of the cities and towns of the state urging the necessity of state control in locating water plants. Other states have stringent laws on the subject while Kansas has none, bills introduced in the last two legislatures failing to pass both houses the same session, although the house and the senate has each approved of such legislation.

During the noon recess the State Board met for election of officers and other business. Dr. S. J. Crumbine of Dodge City succeeds Dr. Charles Lowry of Topeka as secretary and executive officer of the board and Dr. Mills succeeds Dr. Locke as president.

The afternoon session was opened up with the secretary's report. Dr. Lowry recommended several things along the line of needed legislation, a law compelling birth returns, another in relation to death returns and the establishment by the state of a consumptive sanitarium in Western Kansas. Dr. Crumbine read a paper on quarantine. He said that there were two thing to be accomplished in quarantine; first, effectiveness; and second, that a minimum number should be detained in order that no necessary hardship be entailed on those members of the family who earned the daily bread.

Dr. Sarah E. Greenfield of Topeka read a most interesting paper on sanitation and consumption.

These papers were all discussed by the doctors present and the interchange of ideas was helpful to all.

While the attendance of health officers was not as large as expected, yet a start was made in a direction in which future years will doubtless see a large growth. E. P. M.

[From the Anatomical Laboratory of the University of Kansas, George Howard Hoxie, Director.]

TOPOGRAPHICAL ANATOMY OF THE HUMAN HEAD.

as shown by a series of eleven drawings of cross sections.

MARIE A. GREENE, A. B.,

Topeka, Kansas.

The cross sections from which the following drawings were made are from the cadaver of a man between 20 and 30 years of age who died of gunshot wounds.

The body was received at the University of Kansas, March 8, 1902 and until the fall of 1903 when cross sections of it were made, was kept in a 15 per cent solution of formalin. The subject was 6 feet, 4 inches in height, with well developed muscles. Since the tank in which the subject was kept was but six feet in length, the neck and shoulders were necessarily bent and therefore the sections are somewhat uneven and misshapen.

An incision had been made in the neck and the larynx in particular was almost destroyed before the subject was laid aside for the purpose of making the cross sections. It is to be understood that there are variations in the anatomy of the head due to climate, race, age, disease and occupations. Therefore, the surgeon must regard the cross sections of any head as suggestive rather than as typical of all others.

In the subject from which the accompanying drawings were made, the asymmetrical development of the head is particularly well shown and in the drawings this feature is emphasized by the fact that the sections were not exactly parallel (as is shown by the accompanying table.)

RECORD

Of the thickness and location of the sections, beginning at the bregma, the lower surface being shown.

The width of the sections is given in inches.

No. I, at the centre, 2¼ inches below the bregma.
No. II, right side, ½ (2¾); left side, ⅜ (2 ⅝)
No. III, right side, ⅝ (3⅜); left side, 4 16 (3 3 16.)
No. IV, right side, ½ (3⅞); left side, ⅝ (3 3-16.)
No. V, right side, ⅞ (4¾); left side, ¾ 4 (9-16.)
No. VI, right side ⅜ (5⅛); left side 1 (5 9-16.)
No. VII, right side, ¾ (5⅞); left side, 11 16 (6¼).

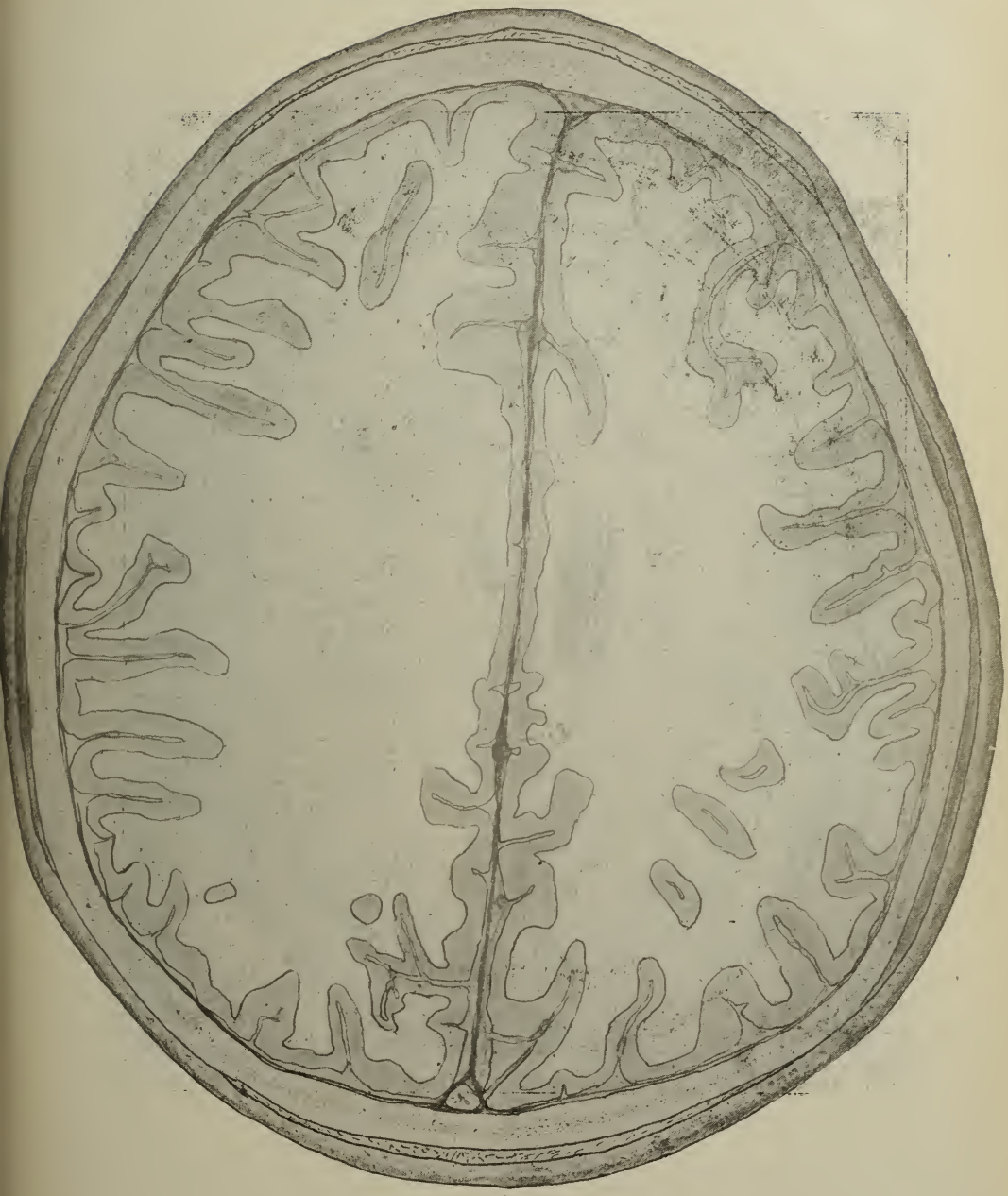
No. VIII, right side, 5/8 (6½; left side, 5/8 (6⅞).
No. IX, right side, 1 (7½); left side, ¾ (7⅝).
No X, right side, ¾ (8¼); left side, 5/8 (8¼).
No. XI, right side, ⅜ (8⅝); left side, ⅞ (8⅛).

INDEX TO NUMBERS.

1 Superior longitudinal sinus.
2 Inferior longitudinal sinus.
3 Falx Cerebri.
4 Temporal muscle.
5 Corpus callosum.
6 Lateral ventricle.
7 Caudate nucleus.
8 Lenticular nucleus.
9 Internal capsule.
10 Bundle of Vicq d' Azyr.
11 Claustrum.
12 Fornix.
13 Splenium corporis callosi.
14 Genu corporis callosi.
15 Optic thalamus.
16 External capsule.
17 Pes hippocampi.
18 Frontal sinus.
19 Frontal muscle.
20 Occipital muscle.
21 Crus cerebri.
22 Optic tract.
23 Tuber cinereum.
24 Tentorium cerebelli.
25 Vein of Galen.
26 Splenius capitis muscle.
27 Semispinalis capitis muscle.
28 Trapezius muscle.
29 Masseter muscle.
30 External pterygoid muscle.
31 Rectus oculi inferior muscle.
32 Rectus oculi externus muscle.
33 Rectus oculi internus muscle.
34 Optic nerve.
35 Obliquus oculi superior muscle.
36 Bulbus oculi.
37 Semicircular canals.
38 Superficial temporal artery.
39 Crura cerebelli.
40 Pons Varolii
41 Temporal lobe of the cerebrum.
42 External auditory meatus.
43 Depression for Eustachian tube.
44 Joint cavity for the mandible.
67 Parotid gland.
68 Antrum of Highmore.
69 Eustachian tube.
70 Tensor tympani muscle.
71 Lachrymal canal.
72 Pyramidalis and nasalis muscles.
73 Angular artery.
74 Sterno-cleido-mastoid muscle.
75 Vagus nerve.
76 Sympathetic nerve.
77 Pharynx.
78 Atlas.
79 Odontoid process.
80 Internal maxillary artery.
81 Superior constrictor muscle.
82 Rectus capitis anticus minor muscle.
83 Rectus capitis anticus major muscle.
84 Longus colli muscle.
85 Cervical nerves.
86 Styloid process.
87 Palatine aponeurosis.
88 Posterior palatine canal.
89 Stylo-glossus muscle.
90 Stylo-pharyngeus muscle.
91 Infraorbital artery.
92 Levator superior oris alæque nasi muscle.
93 Uvula.
94 Internal jugular vein.
95 Vertebral artery.
96 Multifidus muscle.
97 Obliquus inferior muscle.
98 Scalenus medius muscle.
99 Digastric muscle.
100 Stylo-hyoid muscle.
101 Levator anguli scapulæ muscle.
102 Orbicularis oris muscle.
103 Buccinator muscle.
104 Azygos uvulæ muscle.
105 Mandibular canal
106 Palato-pharyngeus muscle.
107 Longissimus cervicis muscle.

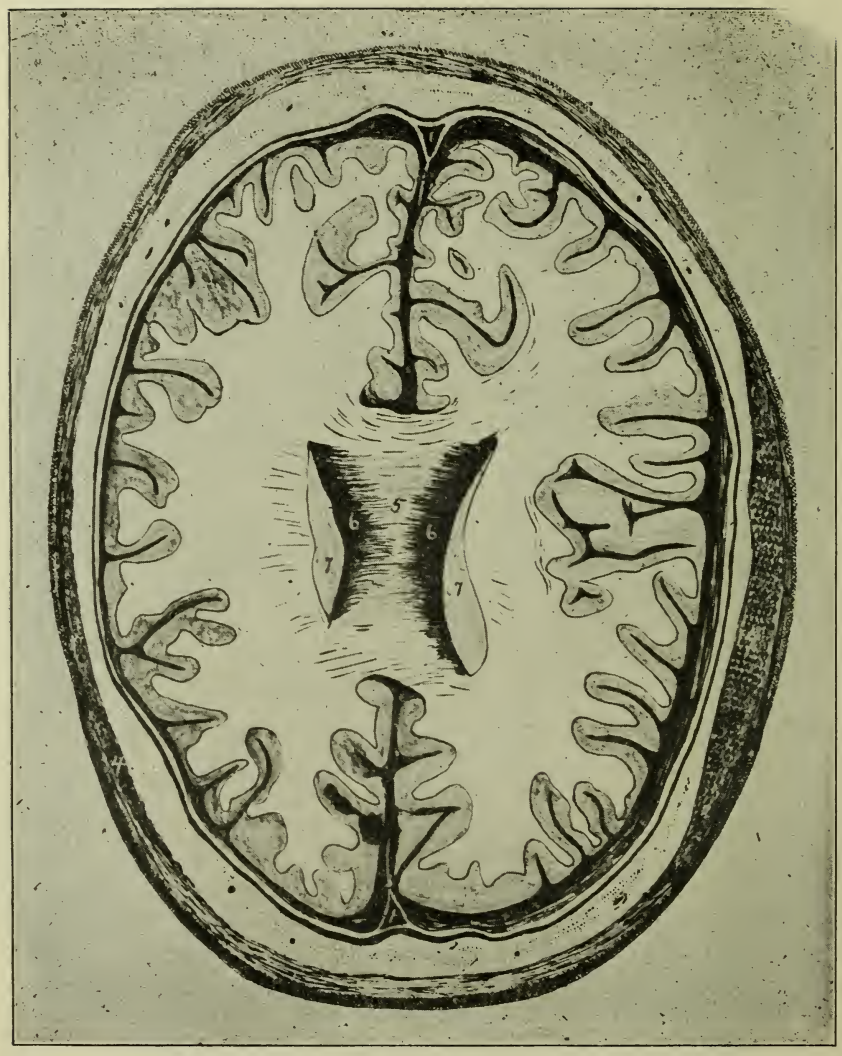
45 Lateral sinus.
46 Internal carotid artery.
47 Basilar artery.
48 Occipital artery.
49 Orbicularis oculi muscle.
50 Lachrymal gland.
51 Sphenoidal sinus.
52 Pyramidalis nasi muscle.
53 Trigeminal nerve.
54 Longissimus capitis muscle.
55 Obliquus superior muscle.
56 Rectus capitis posticus major muscle.
57 Rectus capitis posticus minor muscle.
58 Jugular fossa.
59 Cerebellum.
60 Medulla oblongata.
51 Rectus capitis lateralis muscle.
62 Rectus capitis anticus major muscle.
63 Pharyngeal aponeurosis.
64 Levator palati muscle.
65 Tensor palati muscle.
66 Internal pterygoid muscle.
108 Splenius colli muscle.
109 Submaxillary gland.
110 Sublingual gland.
111 Lingual nerve.
112 Mylo-hyoid muscle.
113 Hyo-glossus muscle.
114 Genio-hyoid muscle.
115 Transverse muscle fibers of the tongue.
116 Superior lingual-muscles.
117 Insertion of scaleni muscles.
118 Vertebral vein.
119 Platysma myoides muscle.
120 Sterno-hyoid muscle.
121 Omo-hyoid muscle.
122 Semispinalis cervicis muscle.
123 Epiglottis.
124. Hyoid.
125 Splenius
126 Spinalis cervicis muscle.
127 Inferior constrictor muscle
128 Common carotid artery.
129 Superior thyroid artery.
130 Sterno-thyroid muscle
131 Larynx.

Front.

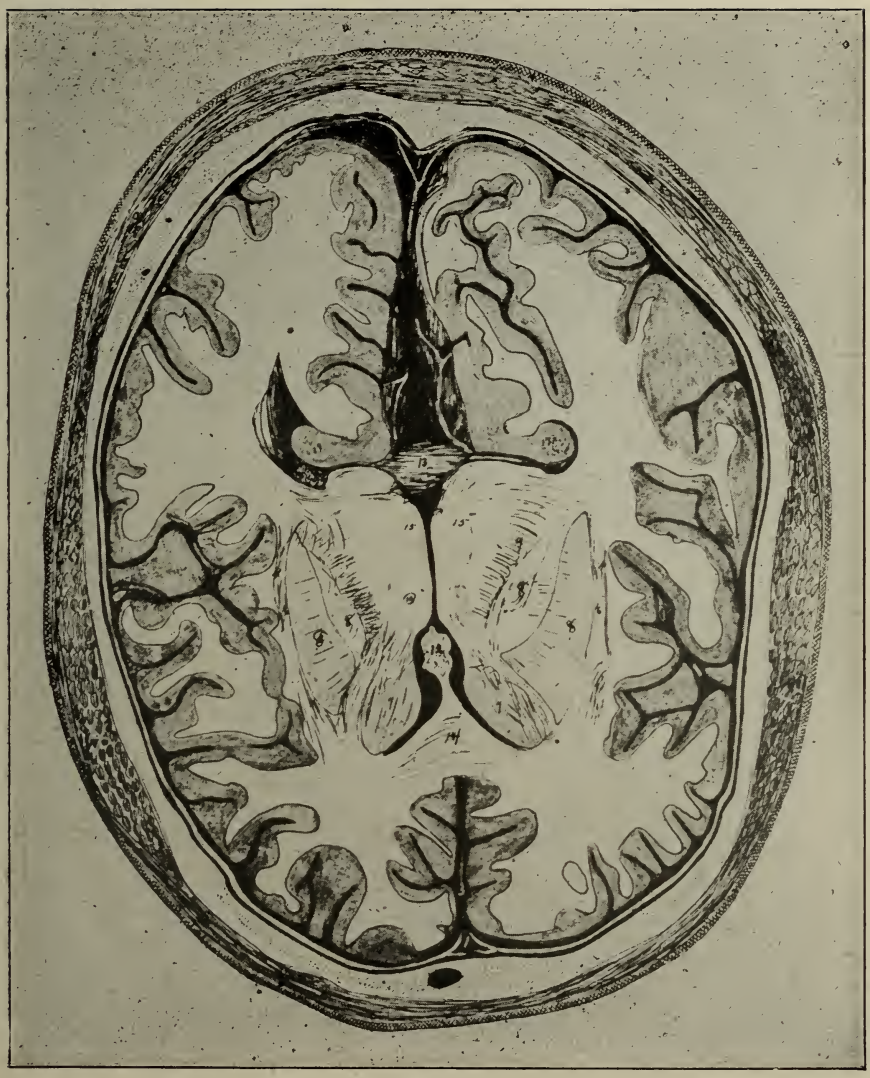


1

Natural Size.

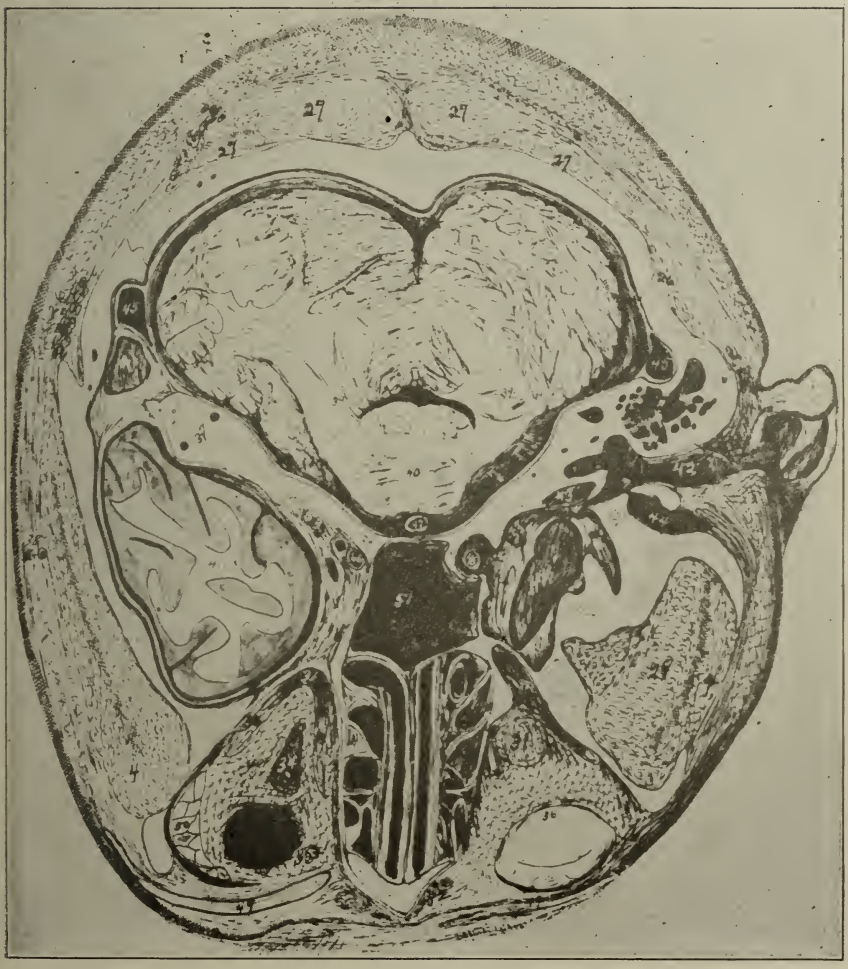


2

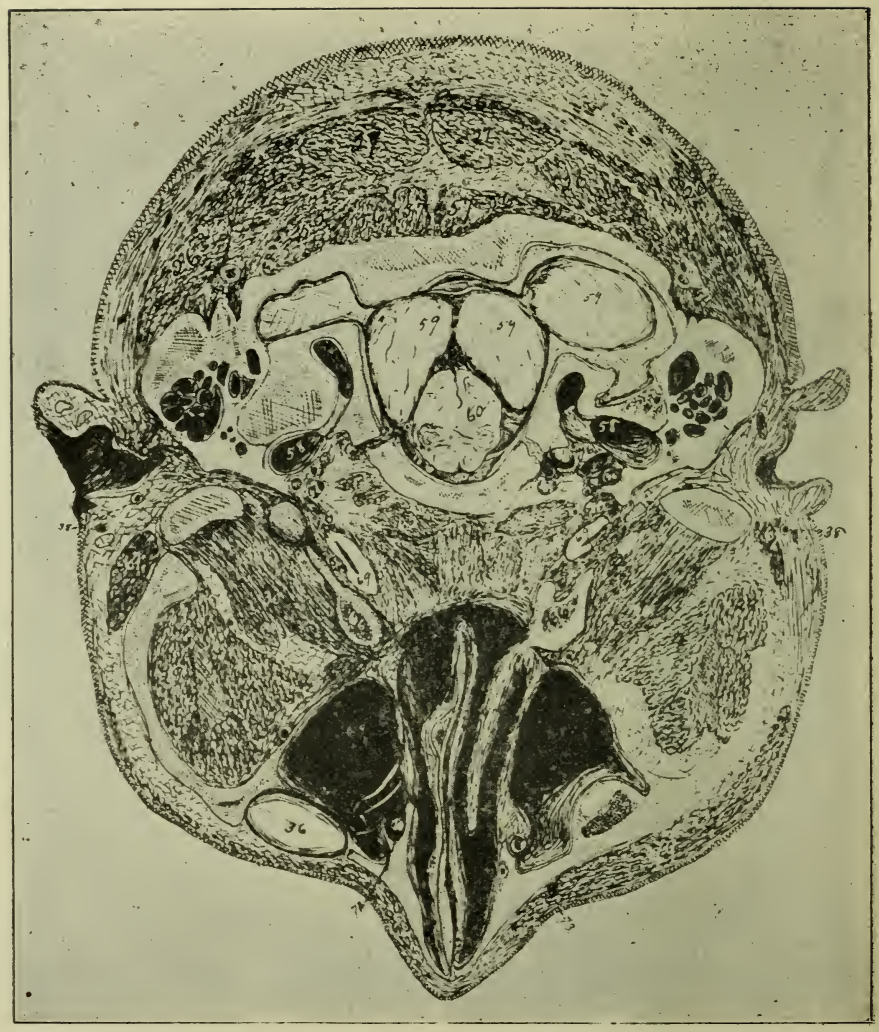


3

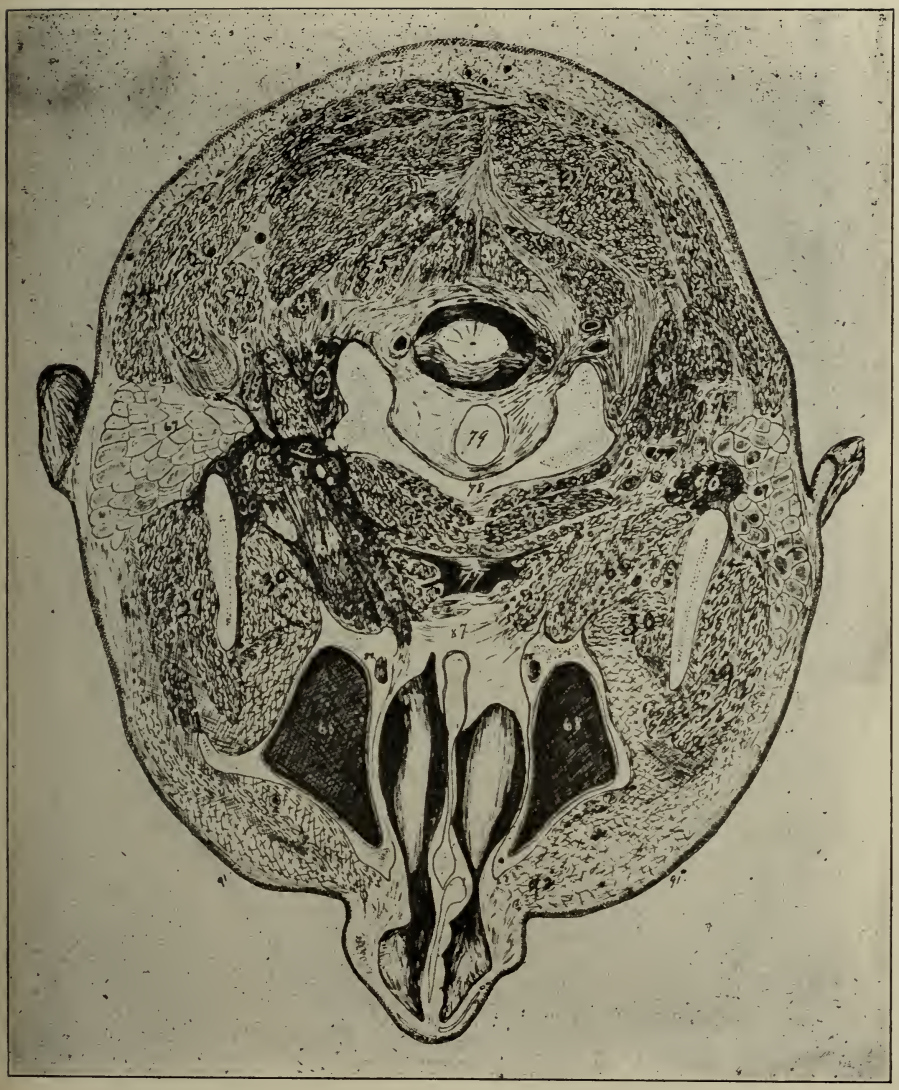
4

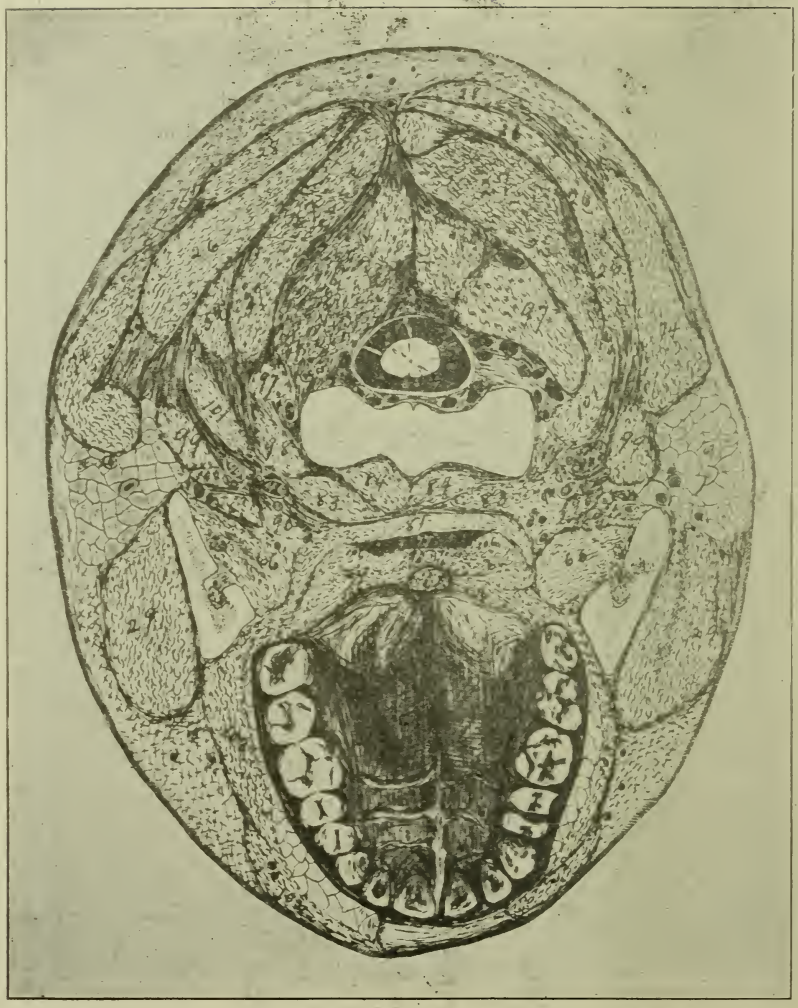


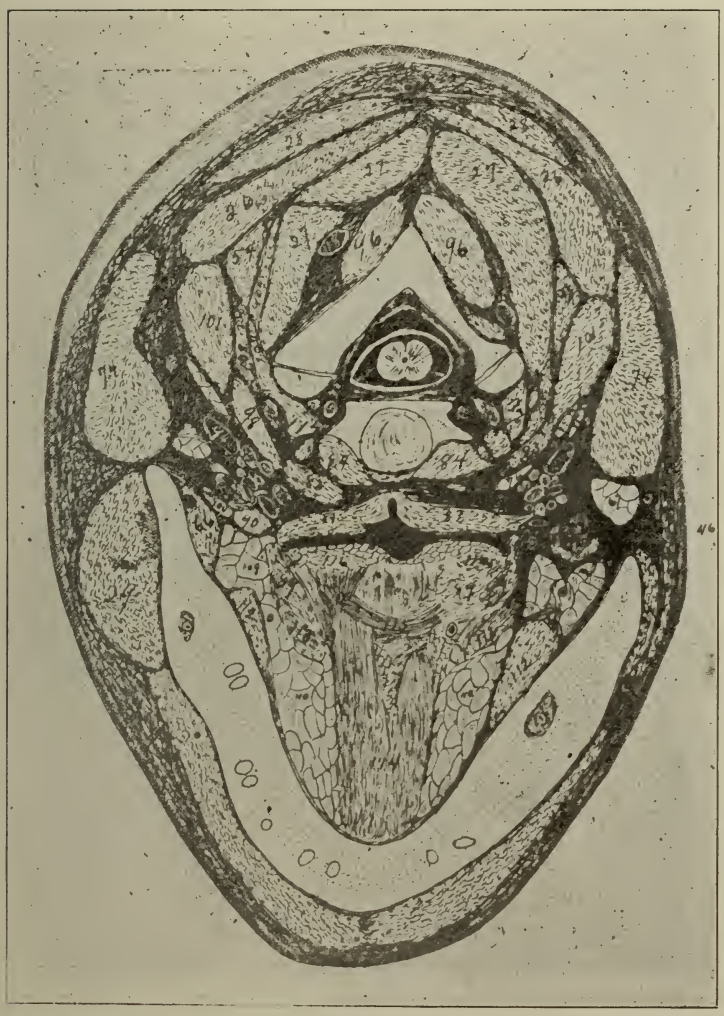
5

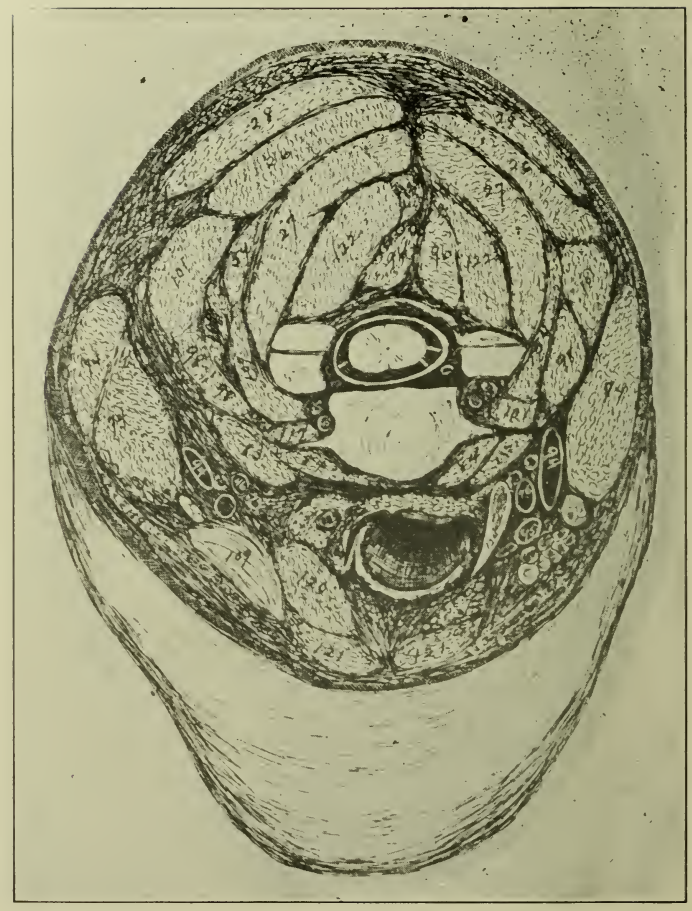


6









GEORGETOWN UNIVERSITY has sent us the catalogue of its school of medicine. The location of the school at Washington makes attendance at this school rather pleasant.

DR. J. MELVIN JACOBS of Wichita, died at Perth, Kansas, of tuberculosis pulmonum, June 27, aged 27. He graduated from the Chicago College of Physicians and Surgeons in 1901.

DR. S. A. KNOPF has sent us a reprint of his article in *The Medical Record* for January 2, 1904 entitled, "A Plea for Justice to the Consumptive." It is a forceful exposition of the belief that consumptives should not be segregated.

THE ROYAL ENGLISH COMMISSION appointed three years ago to investigate the matter has concluded that bovine and human tuberculosis are identical and incidentally that Robert Koch in his pronouncement on the subject was wrong.

THE DENVER AND GROSS COLLEGE of Medicine has sent us its 24th annual announcement. They have 122 students listed and 83 instructors. It is a grand thing for Denver and Colorado that they have only one medical college in that city.

WE WONDER if any one of our readers has actually written to a congressman in favor of the Heyburn Pure Food Bill. The patent medicine and liquor men are active, but are we? If we are to have improvements something more than passive good will on our part is necessary.

THE MEDICAL SOCIETY of the Missouri Valley held its seventeenth meeting at Council Bluffs, Iowa on August 25-26. Twenty-two papers were scheduled, five from Kansas City and two from St. Joseph. Dr. Charles Wood Fassett, editor of *The Medical Herald*, is the secretary.

THE KANSAS MEDICAL COLLEGE has issued a very complete and satisfactory catalogue for 1904-5. We note that there are thirty instructors besides the two lecturers, Professors McClung and Sayre of the State University. The first year of the course asks the student to do 12 hours of recitation or lecture and 21 hours of laboratory weekly. This for 30 weeks would give 360 and 630 hours respectively, which would meet the demands of the standard set up by the confederation of State Boards, unless laboratory hours are divided by 2 as is done by some authorities. We congratulate Dean Alkire on his first announcement.

AN ASSOCIATION OF STATE MEDICAL JOURNALS.

"As proposed in the May issue of the *Bulletin of the Kentucky State Medical Association*, is practically an accomplished fact. Representatives of a number of states were present at Atlantic City where the matter was fully discussed and unanimously indorsed. Preliminary articles of association were prepared, and a final agreement of association will be reached when the American Medical Association meets next year.

"Those parts of the preliminary agreement which are of special interest to the publisher of the State Journal, to the reader of the State Journal, and to the advertiser in the State Journal, are appended. That the carrying out of this agreement will reduce the revenues of the *Kentucky Medical Journal* by cutting out some of the advertisements which now appear in its pages, is quite certain. It is perhaps equally certain that the *Journal* will secure other advertisements because of the observance of these very articles of agreement. Just here it were well, perhaps, to quote the following from the chapter on Principles and Ethics, recommended by the American Medical Association: "It is equally derogatory to professional character for physicians to dispense or promote the use of secret remedies."

"If the reader to whose eyes these lines come will pick up the several medical journals lying on his table and glance over the advertising columns, he can only conclude that these principles of ethics, in many cases at least, are dead letters when it comes to advertising. The *Kentucky Medical Journal* is aware that it is not without sin in this matter, and bears well in mind the ancient admonition that "people in glass houses should not throw stones." In self defense it can plead youth and inexperience, and can beg for mercy on the same ground as did an unfortunate young woman who was being tried by court for bearing an illegitimate child, that the offense was not so bad, because the baby was such a very little one. And as for living in a glass house, the *Kentucky Medical Journal* will be happy to have it smashed about its head and be able to step forth frankly and fearlessly, all equivocation and doubt aside, to battle against what it believes to be a great evil.

"It asks of the members of the Kentucky Medical Association, and of the physicians both in and out of the State who believe the ground well taken and the abuse and evil a real one, that they sup-

port the stand with a hearty good will. We wish them to agree with us in thinking the advice was poorly given by the father who said to his son: "My son, make money; make money honestly if you can; but if you cannot, my son, make money." Primarily the *Kentucky Medical Journal* is under no necessity of making money; but if it must and does make money, by all means let it be honestly and ethically, and in accord with the spirit of the principles of ethics recommended by the American Medical Association. Objectionable advertisements now appearing in its columns will not appear when present contracts expire, and every precaution will be taken to have advertisements accepted in the future of the proper kind.

PRELIMINARY ARTICLES OF ASSOCIATION.

The name of this Association shall be "The American Association of State Medical Journals."

Its purpose shall be to federate, for mutual encouragement, support and business interests, the journals now published by State Medical Associations, or which may hereafter be so published; only journals published, or controlled by State Medical Associations shall be eligible to membership.

Its meetings shall be held annually at such time and place as the American Medical Association may meet.

This Association makes the following declaration in regard to advertisements: No State Medical Journal shall accept an advertisement of a medicine which is not ethical. To be ethical in the meaning of this declaration the product advertised must have published with it not only the names of its constituent parts, but also the amount of such constituents, so that a definite dosage can be determined. Further, such product must not be advertised to the lay public through the secular press.

In case a product is advertised under a copyrighted name, the manufacturer shall furnish with it the proper chemical name, and, if not patented then also the process of manufacture.

All advertisements not covered by above paragraphs, or which contain extravagant and improbable claims, shall be submitted to the executive committee for approval before they can be accepted.

Editors of State Medical Journals and members of Publication Committees of State Societies shall be included in the membership of this Association."—*Kentucky Medical Journal.*

DR. JAMES J. KELLEY, Ohio, 1860, committed suicide in Argentine, Kan., by hypodermic injections of morphine June 23, aged 65.

HARVEY COUNTY.

LODGE PRACTICE.

On account of a movement to establish a lodge in our city having as one of its objects the employment of medical attendance for its members at reduced rates, the Harvey County Medical Society adopted the following resolution and the secretary was instructed to secure the signatures of the physicians of the county thereto.

"Resolved that we as physicians of Harvey county are opposed to all forms of 'Lodge Practice' and cut rate services, and agree to have nothing to do with such lodges or contracts."

J. T. Axtell.	Frank L. Abbey.	S. S. Haury.
Max Miller.	Arthur E. Hertzler.	Gaston Boyd.
G. D. Bennett.	R. C. McClymonds.	H. G. Hunsberger.
J. H. Cooper.	E. J. Kanavel.	A. E. Smolt.
L. T. Smith.	J. H. Goddard.	
J. W. Graybill.	Geo. A. MacElree.	

FRANK L. ABBEY,
Secretary

AUGUST MEETING.

NEWTON, August 2, 1904.

Harvey County Medical Society met at Dr. Miller's with Dr. A, E. Smolt presiding.

Present Drs. Smolt, Smith, Graybill, Axtell, Cooper, Miller. McClymonds, Abbey and Mr. John Grove. After routine business, Dr. Graybill gave an interesting report of his recent stay in the medical schools and hospitals of Philadelphia. The subject of fees was then generally discussed.

Dr. Cooper provided a delicious supper which was thoroughly enjoyed.

FRANK L. ABBEY,
Secretary.

PROGRAM FOR YEAR.

August—Dr. J. W. Graybill, Dr. S. S. Haury.
September 5—Dr. F. L. Abbey, Dr. A. E. Hertzler.
October—Dr. J. T. Axtell, Dr. E. H. Johnson.
November—Dr. G. D. Bennett, Dr. R. S. Haury.
December—Dr. J. H. Cooper, Dr. E. J. Kanaval.
January—Dr. G. A. McElree, Dr. R. McClymonds.
February—Dr. Max Miller, Dr. H. G. Hunsberger.

March—Dr. L. T. Smith, Dr. O. J. Furst.
April—Dr. A. E. Smolt, Dr. Wood.

ENTERTAINMENT.

August—Dr. J. H. Cooper.
September—Dr. Max Miller.
October—Dr. L. T. Smith.
November—Dr. F. L. Abbey.
December—Dr. G. D. Bennett.
January—Dr. A. E. Smolt.
February—Dr. S. S. Haury.
March—Dr. J. T. Axtell.

Subjects of papers to be announced one month previous to presentation.

LINN COUNTY.

La Cygne, Ks., August 10, 1904.

Last January we organized a Linn County Auxiliary Society. We have now the following membership:

R. J. Pease, Pleasanton, *President.*
Henry Plumb, Pleasanton, *Vice President.*
H. M. Barnes, Blue Mound, *Treasurer.*
H. L. Clarke, La Cygne, *Secretary.*
S. H. Brooks, Mound City.
J. G. Wortman, Mound City.
C. P. Lee, Pleasanton.
D. E. Green, Pleasanton.
Lee R. Ashley, Pleasanton.
A. L. Charlton, La Cygne.
G. N. Vail, Parker.
J. H. Stough, Parker.
T. W. Warner, Parker.
A. J. Turner, Centerville.
Dr. Kennedy, Blue Mound.
Dr. Giles, Blue Mound.

Meetings are held in alternate months. The next meeting occurs at Pleasanton in September 1904.

MARSHALL COUNTY.

The Marshall County Medical Society met at the court house in Marysville, Tuesday July 26, with ten doctors in attendance. A paper, Retrospective view of the treatment of pneumonia,* was read by Dr. D. W. Humfreville of Waterville and freely discussed by the society.

After an informal discussion of current topics the society adjourned to an ice cream parlor for refreshments.

M. S. THACHER,
Secretary.

*This paper will appear in the JOURNAL shortly—EDITOR.

THIRD DISTRICT.

The third district comprises the counties of Cheyenne, Rawlins, Decatur, Norton, Phillips, Smith, Jewell, Republic, Washington, Sherman, Thomas, Sheridan, Graham, Rooks, Osborne, Mitchell, Cloud, Clay, (18).

Of these there are organized: Smith, Clay, Mitchell, Cloud, Republic, (5).

Just at present we are getting the lists of names of the physicians. This is proving slow work because some of the men to whom I write pay little or no attention to my letters.

F. M. DAILY,
Councilor.

ARRESTING THE QUACKS—A traveling "doctor" giving his name as Seveere was arrested at Lebanon last Monday on the charge of violating the state law regarding the practice of medicine without registering in the county. He was taken before Justice E. W. Smith and plead guilty to the charge. He was fined the minimum sum, $50, and told that unless he left the county at once the fine would be raised to the highest figure possible under the law . He took the evening train for the east. The "doctor" was located here for a few days and made some drives into the country about town. His practice was not very extensive.—*Smith County Pioneer.*

Protection Our Proper Permanent Policy—Is the title of the recent speech of Congressman McCleary, of Minnesota, which has just been published by the American Protective Tariff League. One copy free to every applicant. Send postal card request for free copy of document, No. 82. Address W. E. Wakeman, Secretary, 339 Broadway, New York, N. Y.

The Following Changes in Faculty are announced by the New York school of Clinical Medicine:—General Medicine—Profs. Wm. Brewster Clark and Henry Lawrence Schively. Associates, Profs. Thos. M. Acken and Edw. L. Kellogg. General Surgery—Prof. Simon J. Walsh and Associate Prof. J. Cameron Anderson. Gynecology: Profs. Augustine H. Goelet and A. Ernest H. Goelet and A. Ernest Gallant. Pædiatrics: Profs. Dillon Brown and Henry Comstock Hazen. Nervous and Mental Diseases: Profs. J. Arthur Booth and Emmet C. Dent. Gastro-Intestinal Diseases: Prof. Robt. Coleman Kemp. Ophthalmology and Otology: Profs. John L. Adams and George Ash Taylor. Dermatology: Prof. Robt. J. Devin. Laryngology and Rhinology: Prof. Max J. Schwerd. Orthopædic Surgery: Prof. Homer Gibney. Hydrotherapeutics: Prof. Alfred W. Gardner. Genito-Urinary Diseases: Profs. Wm. K. Otis, Walter Brooks Brouner and John von Glahn. Pathology: Prof. E Smith.

STANDARDS OF MEDICAL EDUCATION.

At the June meeting of the National Confederation of State Medical and Licensing Boards Dr. George W. Webster of Chicago. reported on the condition of medical education in the United States, He had reports from 127 medical schools and on the basis of his report the Association—the power which does most to determine our standards because it admits to practice—adopted the following standards of education:

(a) The course shall consist of four terms in four separate calendar years.

(b) Each term shall consist of thirty weeks of work, exclusive of holidays and of at least five hours of college work each day, and thirty hours in each week, or 900 hours of actual work.

(c) The entire course of four years shall consist of not less than 3600 hours of actual work.

(d) This should be a standard of *required work.* Any *elective* work should be in addition to the above.

(e) The average time devoted to each subject in the curriculum should be approximately the average time now devoted to it as shown in this report.

(f) Clinical work should constitute at least one fourth of the total number of hours in the four-year course.

The standard adopted as to the number of hours for each study was as follows, the report of the *Kansas medical colleges being shown for comparison:

	Standard	College P & S.	University
General medicine	500	308	——
General surgery	540	617	——
Orthopedic surgery	——	56	——
Obstretics	150	168	——
Pathology	260	308	180
Anatomy	500	108	675
Histology and embryology	200	252	270
Physiology	250	112	316
Chemistry	340	364	485
Bacteriology	115	224	182
Pediatrics	60	112	——
Physical diagnosis	55	56	90
Gynæcology	130	140	——
Etiology and hygiene	30	28	——
Neurology	75	——	——
Mental diseases	25	28	——
Materia medica and therapeutics	110	224	72
Pharmacology	——	56	90
Dermatology and Syphilis	50	112	——
Laryngology and rhinology	55	112	——
Ophthalmology and Otology	95	140	——
Medical jurisprudence	——	28	18
Genitourinary	——	112	——
Total hours	3540	4564	2382

These figures will show us what the minimal requirements from the state boards are to be. We are sorry that the Kansas Medical College (Washburn) did not report to Dr. Webster. We feel sure however that our Kansas institutions are surely in advance of the standards. We are indebted to *The New York and Philadelphia Medical Journal* (July 23 and 30) for this report.

*The Kansas Medical College refused to fill out the blank form. The University offers only two years (standard 1800 hours.)

ITEMS FROM THE COLLEGE OF PHYSICIANS AND SURGEONS.

Dr. D. C. Murphy of Edwardsville, Kansas, has been quite sick and is still confined to his bed.

The building of Bethany Hospital is being improved. Wm. E. Gnose is the new superintendent.

The recent flood in the Kaw Valley has so far not resulted in any increase in sickness in Kansas City, Kansas.

Dr. G. W. Graybill of Moundridge, Kansas has returned home after several months spent in eastern cities attending clinics.

Dr. W. R. St. John of Alton, Kansas, is attending clinics in Chicago.

Dr. George A. Morrison of Poteau, I. T., is visiting with friends in Kansas City, Kas. The doctor is moving his family to his new home where he is engaged in practice with his son, S. R. L. Morrison. We regret to lose Dr. Morrison.

P. D. Hughes,
Reporter.

Dr. Lewis Moll has removed from Hanover, Kas., to Los Angeles, Cal.

Dr. G. A. Boyle has changed his address from Winfield, Kas., to Enid, Oklahoma.

Dr. R. L. Igel of Leavenworth, Dr. O. J. Furst of Peabody, and Dr. Paul S. Mitchell of Iola has joined the American Medical Association.

Dr. J. E. Sawtelle (College of P. & S., Kansas City) has declined a most flattering offer to give his time to insurance work and will now devote more time to his practice.

In Kansas City (Mo.) the State Board of Health has revoked the license of Dr. Wm. F. March because he issued irregular affidavits to students in the eclectic school there last spring. J. F. Duvall and A. S. McCleary lost their licenses because they had used these "irregular" affidavits.

The Journal

OF

The Kansas Medical Society

OFFICERS OF THE SOCIETY:

LAWRENCE REYNOLDS, Horton, President.
L. H. MUNN, Topeka, Treasurer.
CHARLES S. HUFFMAN, Columbus, Secretary.
E. T. SHELLEY, Atchison, Vice-President.
D. E. ESTERLY, Topeka, Vice-President.
R. J. MORTON, Green, Vice-President.

COUNCIL:

1. *E. T. SHELLEY, Atchison.*
2. *M. F. JARRETT, Ft. Scott.*
3. *F. M. DAILY, Beloit.*
4. *O. J. FURST, Peabody.*
5. *E. E. HAZLITT, Abilene.*
6. *C. E. McCARTY, Dodge City.*

Volume IV | October 1, 1904 | Number 10

OBITUARIES.

RESOLUTIONS.

Whereas, It has pleased an all-wise Providence to remove from our midst our colleagues, Charles Gardiner, L. D. Jacobs, Percy L. Jermaine, James A. Lane; and

Whereas, We miss their presence and fellowship. Therefore, be it

Resolved, That we express our feeling of sorrow for this bereavement, and our sense of loss, both of their energetic co-operation and cheering presence; and

Resolved, That portraits of these colleauges, with sketches of their lives be published in our JOURNAL and that copies of these resolutions and JOURNAL be sent to the families of these colleagues as an expression of our condolence.

O. J. FURST,
W. A. WEHE,
(Signed) J. W. MOREHEAD,
Committee.

DR. CHARLES GARDINER.

It is unnecessary here to reproduce the sketch of Dr. Gardiner's life, which appeared in THE JOURNAL for November, 1903, but I cannot refrain from adding my tribute to his memory. I saw him only once—at the Concordia meeting—but that once impressed me with a great respect for his life and character. I have heard many physicians speak of Dr. Gardiner, but none except in esteem for his character and grief at his death. As to his impress on the laity, I remember that one gentlemen told me how that after his wife had been thoroughly frightened by some physicians who sought large fees, the husband in despair took her back to his old family physician, Dr. Gardiner. The latter made one visit, showed the woman that her trouble was due to an indiscreet diet, laid down a diet for her and departed. The woman got well promptly, and it cost the husband just one dollar and a half.

Mrs. Gardiner in forwarding the photograph which we have reproduced, said that it represented Dr. Gardiner in his working days; as he appeared when most interested in medical organization; and as most of his colleagues would remember him. THE JOURNAL is greatly indebted to her for this loan.

Dr. Gardiner was therefore a physician whom not only Emporia, but the entire state misses.

Mrs Gardiner has contributed a part of her late husband's library to the medical department of the University of Kansas.

DR. L D. JACOBS.

Dr. L. D. Jacobs of Emporia died at Chicago, Illinois on April 28, 1904 of acute nephritis after a brief illness.

Dr. Jacobs was born on a farm in Franklin county Pennsylvania, May 20, 1842. At the age of fourteen he left the farm and entered a preparatory school of Pennsylvania College, where he graduated in 1863. Soon afterwards he enrolled as a member of a Pennsylvania Emergency Regiment. Having decided to study medicine he entered the medical department of the University of Pennsylvania and graduated from the same in 1866. The same year he came to Emporia, Kansas, where he continued to live and practice medicine until his last illness.

Dr. Jacobs was an unusual man. Whatever might have been his chosen profession, he would have made an unqalified success. He was well read and rounded out in those departments of literature which serve to make men better and nobler. His medical work was crowned with an unusual degree of excellence and he was a source of inspiration to his confreres. He believed in medical organization, and among the medical associations of which he was a member, were the Lyon County Medical Society, the Kansas State, the American Medical Association, the Association of Santa Fe Railroad Surgeons, of which he was president and he was also a fellow in the American Academy of Medicine.

He was examiner for fifteen of the leading insurance companies of America and a member of the local board of pension examiners. For twenty-four years he had been the Santa Fe surgeon at Em-

poria and for ten years occupied the same position for the M. K. & T. Railroad.

Dr. Jacobs cared little for lodges save that of Masonry, of which for many years he had been a member and a Knight Templar. He is survived by a widow, three children and two grand children.

The following resolutions were adopted by the Lyon County Medical Society on his death:

Whereas, God in his inscrutable wisdom has taken from us, in the full strength of his usefulness, our brother and colleague, Dr. L. D. Jacobs, and while we realize that his family, his friends and this community, have sustained an irreparable loss, we bow in humble submission to the will of the most High.

Resolved, That in his death the Lyon County Medical Society recognizes the loss of one of its most distinguished and valued members, one who was ever willing and faithful in the discharge of every duty imposed upon him by this society, of which he was a charter member; whose ability, earnestness, energy and devotion to duty had won for him an eminent and honored position in the medical profession, and whose charity, cheerful disposition and kindness of heart had earned the esteem and love of all his colleagues. And further be it

Resolved, That it is with the deepest regret that we record his death, and that we will remember Dr. Jacobs as a man strong in medicine, strong in friendship and strong in humanity.

D. F. Longenecker,
G. A. Biddle,
T. F. Foncannon.
Committee.

Dr. David C. Murphy of Edwardsville, died August 22 at his home in Edwardsville, Kansas of angina pectoris, aged 57 years. The doctor was a graduate at Keokuk, Iowa, and practiced in one location thirty years. He was a member of the state society and was consulting physician to Bethany hospital. The doctor had many warm friends in Wyandotte and adjacent counties.

P. D. Hughes,
Reporter.

DR. PERCY L. JERMANE.

Percy L. Jermane, M. D., was born March 3, 1868 at Jeffersonville, Ind.

His death occurred on March 22, 1904. The son of a minister his early life was somewhat migratory.

His medical career began at Jefferson Medical College of Philadelphia from which institution he received his degree in the spring of 1892.

He began practice at Circleville, Kansas, where he remained about one year, after which he formed a partnership with Dr. J. T. Scott, of Holton, where he acquired an extensive general and surgical practice.

Owing to his thorough equipment and cordial relations with neighboring physicians he was extensively relied upon in consultation and surgical practice both in his home and neighboring counties. His cheerful and generous, but energetic disposition made him a favorite both in and out of the profession. He continued in practice several days after the initial symptoms of his final illness, and was not conscious of the serious nature of his disease until an infected but obscure appendicitis had repeatedly ruptured making peritonitis too extensive for surgical rescue. His life was thus sacrificed by a disease from which he had saved many others and a very useful and promising career was cut short.

He was a member of our state society and served two railroads which ran through his town, as surgeon.

DR. JAMES A. LANE.

Dr. Lane was born in Rio, Columbia, county, Wis., November 20, 1853, a son of Henry and Mary (Rutherford) Lane. The former grew to manhood near Pittsburg, Penn., and from there removed to Stark county, Ohio, where he married Miss Rutherford, whose parents were from the north of Ireland and of the Presbyterian faith.

After his marriage he settled in Wisconsin, where he improved a stock farm. In 1868 he removed to Mirabile, Caldwell county, Mo., where he engaged in farming and stock raising and was also prominent in local affairs. When seventy years of age he went on a hunting expedition to Idaho, where he was taken sick and died.

The family of which he was a member had originally settled in Virginia and were well known Indian fighters. His mother died in Wisconsin in 1866, leaving five children, of whom James was the third. When the family settled in Missouri the subject of this sketch was about thirteen years of age. His high school course was completed at Cameron, Mo. In 1874 he came to Leavenworth and entered the State Normal school, from which he graduated in 1896. He had previously taught in Missouri and after the close of the Normal course he resumed teaching, which he followed in Kansas.

For one year he was principal of the North Leavenworth colored schools, then for one year principal of the Morris school and for a similar period he held the chair of natural science and mathematics

in the Kansas State Normal at Paola. Taking up the study of medicine, he took the course in Jefferson Medical College, in Philadelphia, from which he graduated in 1881.

After graduating he returned to the west, engaged in practice in Leavenworth, where he had his office in the Manufacturers National Bank block. For three years he was in partnership with his former preceptor, Dr. S. F. Neeley, and then practiced alone.

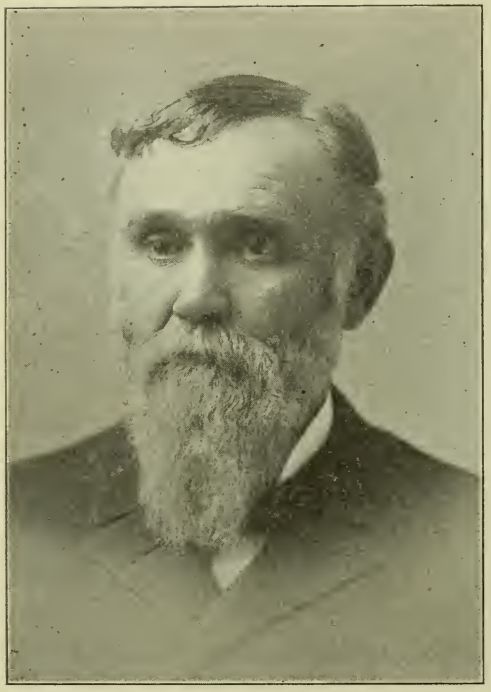
During his course in Jefferson Medical College, Dr. Lane was assistant demonstrator of anatomy. For ten years he was professor of histology and microscopy in the Kansas City Medical College at Kansas City, Mo. When the Medico-Chirurgical College was established in Kansas City, he was elected to the chair of principles of surgery. He was also active in the establishment of the Leavenworth Hospital Association. He was surgeon for the Missouri Pacific and the Kansas Northwestern railroads, for several terms county physician and also city physician and a member of the board of health.

The various medical organizations of the west enlisted the interest of Dr. Lane. He was president of the Eastern Kansas Medical Society and of the Leavenworth City and County Medical Society and the Kansas State Medical Society. In the American Medical Association he served as chairman of the judicial council. He was connected with the International Association of Railway Surgeons, the Missouri Valley Medical Society, the Western Surgical and Gynecological Association; the State Sanitary Association (of which he was vice president), the Leavenworth Academy of Science (of which he was president), an associate fellow of the Kansas City Academy of Medicine and honorary member of the Tri-State Medical Society, Jackson County Medical Society, Missouri State Medical Society and the Illinois State Medical Society. He was also vice president of the Commercial Club of Leavenworth.

Recreation is a necessity with all active minds. Dr. Lane found his recreation in hunting and in athletic sports. He was an active member of the different gun clubs, was a member of one of the state team, and held a number of first medals for rifle, shotgun and revolver. He was also a member of a fishing club.

In Paola, Kansas, Dr. Lane married Miss Hattie Kennedy, of Buffalo, who was his classmate in the Kansas State Normal school. Mrs. Lane graduated from the Normal school and is a lady of splendid education and culture with literary tastes. The three children of Dr. and Mrs. Lane are Lillian May, Jennie B., and James A. Jr., all of whom are students in the Leavenworth schools.

DR. J. J. WRIGHT.



Dr. J. J. Wright died at Emporia, Kansas, May 13th, after ten days' illness and eighteen months of failing health. The immediate cause of his taking off was acute nephritis. Up to the time of his death he was the oldest living practitioner.

Dr. Wright was born on a farm in Fayette County, Indiana, October 7, 1829. His early education was gleaned from the county schools and Earlham College, Richmond, Indiana. He graduated from the Medical College of Ohio in 1854 and the same year began the practice of medicine at Monrovia, Indiana. A few years later he moved to Indianapolis and in 1870 came to Kansas, locating in Emporia, where he continued to reside until his death.

Dr. Wright had high ideals regarding the practice of his chosen profession. He despised quackery and shary practices of whatsoever kind and was always foremost among those who were striving towards the upbuilding of the profession.

During the war he was appointed special physician by Gov. Morton of Indiana to attend the 33d Ind. Infantry. Later he served as attending physician to the Central Hospital for the Insane at Indianapolis. He was a member at different times of the Marion County Indiana, the Indiana State, the Kansas State and Lyon County Medical Societies, the latter being a special pride and of which he was a charter member.

During his early life the doctor was quite active in politics. He served four years as Clerk of the Court in Morgan County, Indiana, was presidential elector on the Lincoln ticket in 1864 and later Col-

lector of Internal Revenue of the Indian District. After coming to Kansas he served as a regent of the State Normal School and one term in the Legislature.

On Sunday afternoon, May 27, a special memorial service was held in his honor at the First Methodist Episcopal Church of Emporia of which he had for many years been an officer and active worker.

Resolutions of the Lyon County Society :

Whereas, God in His infinite wisdom and mercy has called from time to eternity our beloved brother and friend, Dr. J. J. Wright, we desire to hereby express our high appreciation of his noble, exemplary life and character, and our sorrow in his removal from our midst. Therefore; be it

Resolved, by the Lyon County Medical Society in regular session assembled, that in the passing of Dr. J. J. Wright the society has lost one of its most energetic and enthusiastic members. That his quiet unassuming life, full of righteousness and good deeds, devoted to helping and elevating and loving his fellow men, is worthy of imitation by us all. We mourn his loss and offer our sympathy to his sorrowing family, and with them cherish the memory of one whom we all loved; and

Resolved, That these resolutions be spread on record.

Committee { Dr. J. F. Morrison, Dr. G. H. Biddle, Dr. J. H. Page.

DR. DAUGHERTY'S DEATH.

The people of Junction City were grieviously shocked at the announcement of the death of Dr. P. Daugherty Monday morning, May 23. His death was very sudden. Sunday he was stricken with apoplexy from which he did not regain consciousness and death came Monday morning about 9 o'clock. Dr. Daugherty has lived in this city for thirty-five years and has filled many public offices of trust and has the name of a successful physician and talented gentleman. He believed in uprightness, honesty and sincerity in all things. His death came at a time when it brings deepest sorrow to his relatives and friends. His wife for several months has been very ill and the shock will certainly not lessen the grip of the disease with which she is afflicted. Mrs. Stout, the daughter of Dr. Daugherty, was here at the time of his death.

The funeral was held from his home Tuesday morning at 9 o'clock, after which the remains were buried in Highland cemetery.

Following is a short biography of the doctor's life which we take from the *Daily Union*:

Dr. Daugherty was seventy years old last March. He came to this county in 1890 from Vigo county, Indiana. For a number of years he lived on the Daggetts place east of this city and from the time he moved to the city until his death he was a practicing physician here. Besides the wife who is seriously ill at the home, a daughter, Mrs. Frank Stout, of Kansas City, survives him.

Dr. Daugherty was born in Greencastle, Indiana, March 10, 1835, of Scotch-Irish parents. His father died when he was four years old and from the time the boy could be of use until he was eighteen years of age, he worked on his mother's farm, attending subscription school three or four months of each winter, and as his facilities for securing an education were limited, he in a great measure educated himself. He taught school during 1851-2 and took up the study of medicine for the next three years. In 1856-7 he attended lectures at the Rush Medical college, and commenced the practice of medicine as a full fledged physician at Melrose, Ill., in 1857. In 1862 the doctor was nominated on the democratic ticket to represent Clark and Cumberland counties, Ill., in the legislature, and was elected without opposition. In 1866 he moved to Terre Haute, Ind., and the following year was chosen a member of the city board of health, and in the same year was chosen as physician to the Vigo county hospital.

Dr. Daugherty came to Junction City in the spring of 1870. In 1892 he was elected to the legislature on the democratic ticket and was justly regarded as an able legislator. In 1897 he was elected mayor of Junction City. A number of times he was elected to the city council and for many years was the health officer of Junction City. He always took an active interest in local affairs. During his residence in this city he was known to all as a most successful physician and surgeon. He had many friends. He had a cheerful, lively disposition and he was honest and charitable.—*Junction City Paper.*

Dr. J. N. Iliff—I wish to report the death of Dr. J. N. Iliff of Welch, I. T., of typhoid fever August 23. The doctor was a graduate of P. & S., K. C., K. Practiced in Melrose, Kansas for a few years. Shortly before death with a temperature over 102½ he visited a patient who was crushed in a stone quarry. After dressing the injured man he collapsed and never rallied.

P. D. HUGHES, *Reporter.*

SOCIETY NEWS.

First District Society—The regular fall meeting of the First District Society will be held in Lawrence on the 13th of October. The sessions will be held in Dick Brothers' hall and will begin at 2:30 and 5:30. The Douglas County Society will entertain the members and their wives at supper in the Eldridge house and will endeavor to make the event as enjoyable as possible.

A feature of the meeting will be a discussion of the reorganization and its opportunities, led by the Councillor of the District, who is also President of the society.

The President of the State Society is one of our members and the Secretary has signified his intention of being present.

An excellent program has been promised, papers by Drs. Hatch (Beattie), Breeding (Marysville), Fitch, Chase and Hunt (Atchison), Sayre and Clark (Lawrence), Alkire, E. H. Martin (Topeka,) Goddard, Stacy (Leavenworth), May, Sawtelle, (K. C., K.)

Second District Society—The Second District Medical Society met in Chanute September 6th. The President called the meeting to order in Elks hall at 2 o'clock p. m. and the roll call showed the following members and visitors present:

President M. F. Jarrett, Fort Scott; Secretary (pro tem), H. B. Caffey, Pittsburg; Treasurer, J. E. Jewell of Moran; Drs. Barker, Brown, Light, Davis, Manson, Johnson, Baird, Rakestraw, Lardner, Foy, Wilson, R. A. Light, Edwards, Hoshaw, of Chanute; Drs. Fulton and Mark of Kansas City; Dr. J. L. Cantwell of Bucklin, Mo.; Dr. Milligan of Garnett; Dr. Petty of Altamont; Drs. Kosler, Finley, and Youngs of Cherryvale.

The afternoon session was opened with a very interesting paper upon "Some Faults in the Laws Regulating the Practice of Medicine in the Various States," by Dr. J. E. Jewell, of Moran. After a very thorough discussion of this paper the society had its business meeting, in order that the evening session might be devoted exclusively to the reading of papers. At 7 o'clock we were the guests of the Chanute Medical Society at an elegant banquet given at the Oriental hotel. A very elaborate menu of six courses was served, and it was very evident from the general expression of "fullness" that the dinner was hugely enjoyed. A very neat and appropriate

souvenir was presented to each guest. During the evening session we had the pleasure of hearing Dr. Fulton, of Kansas City, on "Crushed Injuries of the Extremities," Dr. Marks of Kansas City on "Prostatic Hypertrophy," and Dr. Barker of Chanute on "Rheumatism," all of which were masterful efforts and created quite a good deal of enthusiasm as evidenced by the discussion. The next meeting will be held at Cherryvale on the first Tuesday in March 1905. It is very gratifying to the Second district to see the amount of interest displayed by its members and it is freely acknowledged by all present that the royal hospitality shown us by the physicians of Chanute contributed a great deal to the success of this meeting.

H. B. CAFFEY,
Secy. pro tem.

Wilson county reported having a thriving county organization. They contemplate joining the District Society this month.

Dr. E. B. Payne began the practice of medicine and surgery in Galena, Kansas, fourteen years ago and has been there in the same office ever since; but he has sold his residence there and bought a home in Fort Scott, where he intends to work the remainder of his days. He moved to Fort Scott the first of September.

The doctors of Chanute are evidently working together harmoniously. They have for a long time had a local organization known as the Chanute Medical Society, which held its meetings once a month. The society has been merged with the county society, and is now oaganized as the NEOSHO COUNTY MEDICAL SOCIETY. Meetings are to be held in Erie and Chanute and probably other places in the county.

Nearly every doctor in Chanute attended both the afternoon and the evening session of the District Society at its meeting in that town, on the 6th inst; and each one did what he could to make the meeting interesting and profitable to all. This was much appreciated by the visiting members of the profession. It sometimes happens that when a medical society meets in a town, very few of the doctors in that locality attend the meeting. Dr. A. L. Fulton once expressed it pretty well, when he stated that each doctor of the town where the meeting is held, should consider the visiting members as his guests, and he should arrange his business so that he can attend the meetings and help to entertain them. If he fails to do this, he fails to treat his professional brethren with the respect which is due them as visitors.

The Chanute society was voted a resolution of thanks in appreciation of the way in which they entertained the visiting doctors.

Dr. Huffman was not able to be with us, on account of severe illness in his family. The doctor rarely misses a meeting and is a splendid worker.

The visiting physicians from Cherryvale are energetic men, and the way they worked to have the next meeting at their place, makes us look forward to a very interesting meeting there in March.

We regretted very much, that our secretary, Dr. H. H. Bogle, could not be present. He is attending post graduate school in Chicago: but he sent a very able substitute, in Dr. H. B. Caffey, who was made secretary pro tem.

Dr. Jarrett who is Councillor for the Second District, says he has reports showing that seven of the counties in his district have county organizations. The are: Allen, Anderson, Cherokee, Crawford, Lyon, Neosho, and Wilson. Before the next meeting of the Society he hopes the remainder will all be in line.

At the Chanute meeting of the Second District Society, Dr. Jewell of Moran, stated that he had been informed that several of the doctors in Kansas City, Mo. had concluded that the change in name, of the Southeast Kansas Medical Society, had disbarred them from membership in the present organization, and they did not now feel free to attend. Several members expressed regret that such an idea had ever occurred to any one; and finally, by unanimous vote of the society, the secretary was instructed to notify each of the honorary members, that the present organization considers him as a member, appreciates the value of his counsel and friendship, and invites him to attend as many of the meetings as he can. This is not the exact wording of the resolution, but it is substantially the same.

The Ottawa District Medical Society met at the library building in Ottawa Wednesday August 31 at 8 p. m. There were thirteen doctors present. A paper on Typhoid Fever was read by Dr. Monroe of Ottawa and a paper on Malaria by T. J. Smith of Centropolis. Both papers created a lively discussion. Applications for membership were received from Dr. Gill of Princeton and Dr. Mahaffy of Ottawa. We now have thirty-one members. The following resolution was introduced by Dr. Black to be voted on at the next meeting:

Resolved, That any member absent from regular meetings for three consecutive meetings without an excuse acceptable to the Society, shall be dropped from its membership, or that any member assigned a paper and not producing it in person or by proxy, shall be dropped from membership if not excused.

Some of the members have expressed a desire to affiliate with the State Society.

W. G. BURRIS,
Secretary.

Fifth District Society—The fall meeting of the GOLDEN BELT MEDICAL SOCIETY will be held at Salina, Kansas, Thursday October 6th.

There will be an afternoon and an evening session, when the following papers will be read and discussed:

The right to life of the unborn child, Dr. E. L. Simonton, *Wamego.*

The treatment of mal-positions of the uterus and their effects, Dr. T. R. Conklin, *Abilene.*

Report of case of cerebral meningitis, with remarks on climaatic conditions as a cause, Dr. F. Gaines, *Solomon.*

Report of a case of lymphadenoma treated by x-ray, J. H. Winterbotham, *Salina.*

Eclampsia, Dr. G. M. Anderson, *Beverly.*

A Case—Personal, Dr. J. T. Curtis, *Dwight.*

The relation of the state to contageous diseases, Dr. J. F. Brewer, *Minneapolis.*

Intestinal union, by the aid of a hollow candlestick, Dr. J. D. Riddell, *Enterprise.*

Inasmuch as the July meeting was made impossible by the interruption of travel, incident to the flood, it is hoped that every member will make an unusual effort to attend this our first meeting since becoming a multiple county society of the state organization.

We especially invite physicians from the western part of the State to join with us at this meeting.

A. A. SHELLEY,
Secretary,
(Per. E. E. H.)

Sixth District—HARVEY COUNTY SOCIETY—Dr. and Mrs. Max Miller invited the Harvey County Medical Society to hold the September meeting at their home. The invitation was accepted and

the following doctors were present Monday evening: Drs. Smolt, Smith, Graybill, Boyd, Bennett, Miller, Axtelland Abby of Newton, Hertzler, of Halstead, Kanavel of Sedgwick, Pihlblad of Lindsborg and Furst of Peabody. Dr. Hertzler read a paper on Thoracic Empyema and Lung Abscess, describing four cases of the former and one of the latter in his recent observation. Dr. Abby read a paper entitled Puerperal Eclampsia. The papers were generally discussed, the session lasting until nearly midnight. The wives of the doctors were present by invitation of Dr. and Mrs. Miller. After adjournment a bountiful supper was partaken of and a social hour enjoyed. Drs. Kanavel of Sedgwick and Pihlbad of Lindsborg were admitted to membership.

District Councilor, Dr. Furst, complimented the society on being the first County Society to make application for a charter from the State Society.

FRANK L. ABBEY,
Secretary.

Third District Society—The Mitchell County Medical Society met at the court house in Beloit August 25, at 3 p. m. with Drs. Mason and Saunders of Cawker City, Dr. Spain of Jewell, Dr. Blades of Scottsville, Drs. Daily, Daniels, Lobdell and Brewer of Beloit being present.

Drs. Blades, Lobdell and Daily each presented interesting papers which were freely discussed by the society. The society includes all of the eligible physicians of the county, except two, and will meet quarterly.

E. E. BREWER,
Secretary.

DEAD BEATS.

Every physician is willing and even glad to serve the really poor, but every physician has a deadly hatred of being cheated out of recompense for his services by those who could pay if they would. The effort to "round up" this class of people therefore occupies the early attention of every efficient medical society. Below we print the action taken by the Allen County Society. The chief difficulty in carrying out actions of this sort is the mutual jealousy of physicians. It would seem as if some physicians prefer to keep caring for people without recompense rather than let them go to a competitor. As long as this feeling is present, it is impossible to make the dead beats pay. But of all foolish feelings this one is the worst.

It would take but an instant's thought on the part of a physician with thought power to conclude that it is far better to require these people to pay up as they go and when we all do the same, the profession will be happier and more harmonious. At present these dead beats are really the greatest cause of our mutual jealousy and distrust.

ALLEN COUNTY RESOLUTIONS.

Whereas, It has been known that the doctor of medicine leaves as a legacy to his family and posterity only large outstanding book accounts and bills uncollectable, and

Whereas, The physicians of the county of Allen and State of Kansas, have always manifested a truly charitable and philanthropic disposition and spirit, and to all deserving and undeserving poor they have been constant friends and attendants in all times of greatest peril and trial, therefore be it

Resolved, That we, the physicians of Allen county do extend to every patron the proper courtesies and the same benevolence and kindness as in the past but use our own judgment and pleasure in attending upon those families and individuals who make no effort to pay their accounts and are otherwise undesirable; further

Resolved, That a complete list of the names of all such undesirable people be furnished the secretary of the Allen County Medical Society that each physician shall have a list, and that these resolutions be spread upon the minutes of the Allen County Medical Society for publication.

C. W. Rennick, M. D.
J. W. Boeton, M. D.
O. L. Garlinghouse, M. D.
Committee.

EYE REFLEXES.

R. J. PEARE, M. D.
Pleasanton, Kansas.

At a recent meeting of the Medical Society of London the importance of examining the pelvic organs for the source of reflex troubles was emphasized; but on the other hand a case was mentioned in which removal of the ovaries had been proposed for the cure of severe dysmenorrhæa, but the symptoms subsided with the simple provision of spectacles for an error of refraction. This state-

ment may be found in the London Letter in the April Therapeutic Gazette.

While reading it I could not but feel how simple after all was the means by which this patient was rescued from a serious surgical operation which could have done her no good, when once the mistake in diagnosis was discovered; and the words of George M. Gould before the Cleveland Academy of Medicine came to mind, when he said, "In the great national and international medical societies it (the subject of eye strain) is usually not even mentioned. In our best and latest text books on general medicine the subject is not recognized. Without the least doubt and weighing well what I say, I am sure that no discovery of medicine except vaccination and the germ theory of disease is of so great importance as this of eye-strain."

The study of eye-strain and its reflexes and the influence of the reading I have done on this subject have lead me to the conclusion that a diagnosis cannot be considered complete in an obscure case today without a thorough search for the effects of eye-strain from any of its causes. Further than this, I am prepared to say that what is true of ocular reflexes is equally true of every other kind of reflex, from whatever source it may arise. I believe that the reflexes constitute the larger proportion of the sufferings which many people, more especially those of sensitive nervous systems, complain in sickness and that they stand in the way as a serious obstacle in our search for the essential disease, and baffle us many times completely in discovering it.

Such cases as that quoted from the Therapeutic Gazette proves this beyond a question. When among such men as compose the Medical Society of London a mistake in diagnosis so stunning could have been made from neglect in this particular and a remedy so far from right could have been deliberately proposed, it seems that the medical world should be aroused from its indifference on this subject and convinced of the great importance of the recognition of eye-strain as a factor in disease.

The object of this paper is to endeavor to impress this point, upon any here who may not yet have given it their attention, by whatever evidence I may be able to present.

The effects of eye-strain are reflex. Looked at in this light there is nothing so strange in the fact that affections of the eyes should, like those of other organs, produce their remote sympathies.

The reflexes arising from diseases of the female sexual organs, and for that matter from those of the male, are familiar to every physician of experience. The slightest defect in her sexual organs, says Emmet, may, through the medium of her sympathetic nervous system, produce functional derangement elsewhere.

Otis, in a work on the male urthra, says "his experience has demonstrated the capacity of the urethral structures to produce well-marked cerebro-spinal irritation resulting in pareses of the lower extremities, hypochondriasis, melancholia, epileptiform troubles, etc."

Moreover, between the mind and body does there not exist a wonderfully mysterious and intimate sympathy—a sympathy so intimate that the health and well-being of either depends largely upon that of the other. How common it is in sensitive women for a miscarriage to follow upon the receipt of sudden bad news, or deep despondency to depend upon uterine disease. Many years ago I had a patient who suffered from retroversion of the uterus. She wore a Smith pessary which, when in proper position gave great relief, but when in a certain mal-position caused the most profound unconsciousness, which passed off instantly when the position of the pessary was corrected. And do we not know that the mammary secretion may be turned to poison by the influence of mental perturbations?

From what we know, then, of the role played by reflexes in disease we should not be surprised that an organ of special sense, possessing a most complicated anatomical structure and a highly complex co-operation of muscles and nerves in the performance of its functions, should contribute its share to these reflexes.

In his "Lectures on Nervous Diseases" Ranney says, "Personally I have come to regard the examination of any patient sent to me as incomplete until I have tested the state of refraction and accommodation, and examined into the condition of the ocular muscles."

Stevens, in his memoir on "Functional Nervous Diseases—their cause and their treatment, which was awarded the higest honor by the Royal Academy of Medicine of Belgium in 1883, makes the following announcement: Difficulties attending the functions of accommodating and of adjusting the eyes in the act of vision, or irritations arising from the nerves involved in these processes are among the most prolific sources of nervous disturbances, and more frequently than other conditions constitute a neuropathic tendency." This conclusion, he says, is based upon observations in 2692

cases of nervous diseases in private practice and a considerable number of cases in public institutions.

Gould and Pyle, in their little work on diseases of the eye say: As a causative factor in the production of headache, eye-strain is by far the most important. Amenorrhæa, constipation, heart burn, nausea, repeated attacks of vomiting, etc., represent some of the gastric reflexes. Amenorrhæa, dysmenorrhæa are menstrual anomalies sometimes caused by eye-strain. Insomnia, nightmare, chorea, nocturnal enuresis and even epilepsy have often owed their existence and perpetuation to uncorrected eye-strain in some form.

And Gould declared before the Cleveland Academy of Medicine —"Directly and indirectly this functional disease (eye-strain) is the cause of more suffering than all the organic diseases combined. * * * * For the unexaggerated and brutal fact remains that at least 25 per cent of modern civilized people are today suffering from the ocular and systemic effects of eye-strain. Most of all the headache in the world is due absolutely to this cause. A very large part of the neurasthenia and of the hysteria also springs from it, as well as of 'billiousness,' 'nervousness,' etc., so called."

From all that has preceded it is easy to perceive how a mistake in diagnosis may be made by neglecting to eliminate the part played by ocular reflexes, and for that matter all other reflexes, in confusing the symptoms of the real disease. And it is prominently to be kept in mind that these reflexes may even simulate very closely other diseases, so as to deceive the most astute diagnostician, as in the case cited in the proceedings of the Medical Society of London, into mistaking, as it were, the shadow for the substance. Finally, the reflex may be the real disease, the removal of which ends the trouble. In other words, the eye-strain may be the real disease.

Now, it is natural to enquire how these ocular reflexes come about.

Of other reflexes I have never seen any explanation given. They seem to be accepted upon unquestioning faith. Yet there is a reasonable explanation of these ocular reflexes.

Eye-strain means excessive action on the part of the eye-muscles and nerves. This cannot be continued without drawing disproportionately upon the store of energy of the system, which is a definite quantity, and if used excessively by one organ must leave another without its due supply. This species of deficiency gives rise to functional derangement which manifests itself in a variety of ways, as for example, excessive action of the brain depresses the digestive and muscular energies.

Though consisting of many and diversified parts, the human system is an intensely unified whole, and, more highly specialized and sensitive than any other mechanism in existence, no nerve can be unstrung, no cell can fail of its function, no vital chemical product can be suppressed, no part can suffer pain, without producing to a greater or less extent the reflex discords that we call disease. To trace each to its source and to discover its true cause, though many times surrounded by serious difficulties, constitutes the art of diagnosis.

THE EXPECTANT MOTHER *

BY EDWIN TAYLOR SHELLY, M. D.
Atchison, Kansas.

The supremest product of the wondrous loom of life is that pink and boisterous miracle—a perfect babe; and to become a mother is the cherished hope of every truly wedded wife. For this, she is willing to enter the tedious, timorous time of expectancy, with its ebb and flow of hope and fear, of gladness and distress and finally to face, with faith and fortitude, the awful, ancient, oft-recurring agony of birth.

To smooth her way wherever possible; to guard her diligently against the realand the fancied pitfalls of expectant motherhood; to make the racking culmination of her waiting season as safe and bearable as may be, and last of all, to fill her days of rest in bed with wise and unremitting care for both herself and child, should be the earnest aim of her prospective accoucheur.

Dr. Joseph Brown Cooke of New York, in his very excellent little work on "Obstetric Technique" makes a suggestion in this direction well worthy of our attention. He says that every physician with an obstetric practice, should have on hand for gratitious distribution among his obstetric patients, a printed pamphlet containing such directions for their care and conduct as he may think desirable or necessary. As an appendix to his book he gives a reprint of the pamphlet which he himself distributes among his lying-in patients, together with a leaflet containing special instructions for the nurse. Acting upon this suggestion, I have during the past two years, distributed a similar pamphlet which embodies, however, in-

*Read before the State Society, May, 1904.

structions for the nurse as well as suggestions for the prospective mother.

My object in issuing this pamphlet is two-fold: first, To save the time required in answering the numerous questions which every expectant mother usually, and very properly, asks of her physician; and second, to supply such answers and other necessary information in a permanent and accessible form.

Every obstetrician (and by obstretrician I mean any physician who does more or less obstetric work) has to a great extent his own ideas as to what should be the duties and environments of the expectant mother; and for that reason he should furnish to his own patients, his own directions and suggestions, and if possible, in a permanent form such as is contemplated by the pamphlet idea.

My experience has been that patients are very glad to get such a pamphlet and that they usually try to follow the directions given therein very implicitly—much more so in fact than they would those found in one of the many excellent and exhaustive works devoted to this subject by writers unknown to them.

What such a pamphlet should contain is a matter which the physician who writes it must determine for himself. The one which I distribute is divided into *three chapters*. The *first* is devoted to the *expectant mother* herself and contains suggestions and directions relating to her health, attire, habits, diet and digestive organs, the excretions, mental and nervous states and influences, the lying-in room, the articles needed by herself and baby at the time of confinement and the baby's clothing. The *second* chapter is devoted to the *labor* and *thereafter*, and notes the importance of observing surgical cleanliness, and the possible penalties which may follow its neglect, the time for getting out of bed, the care of the breasts, etc. The *third chapter* relates only to *the baby* and gives directions for bathing, for the care of the skin, for feeding and nursing, discusses the baby's habits—how to encourage the good and avoid the bad, touches lightly upon the care of the baby in general and concludes with a few paragraphs upon the care and nurture of older children.

This pamphlet deals chiefly, of course, with the personal hygiene and physical comforts of the mother before and after labor and of the child, but it also treats, at considerable length, of the mental and nervous phenomena and influences that dominate the pregnant woman; and this is a subject which usually receives either slight or questionable treatment by obstretric writers. In the first place she should be put on guard against the idle, harrowing tales of the valuable neighborhood grannies who take great delight in

picturing to her the awful dangers incident to her condition. Her physician can truthfully assure her, under modern obstetric methods, it is exceedingly rare for any serious ill to befall the lying-in woman. In the next place she should be taught not to allow herself to be annoyed or worried by faith in that antiquated medical superstition, the theory of maternal mental impressions, notwithstanding the almost universal prevalence of this ridiculous belief.

Unfortunately, so-called markings of the fetus do occasionally occur; but she should be most positively assured that such abnormal developments are not due to any mental shock or emotion experienced by the expectant mother.

In former times, when men were more thoroughly imbued than they now are with anthropomorphic conceptions of cause and effect these embryological abnormalities were usually ascribed to the vengeance of an angry or unpropitiated God. This was to them the easiest explanation for the occurrence of the unwelcome natural phenomena. Maternal impressionists, too impatient to take the rough and tedious pathway of scientific research, attempt by their absurd teratological musings to reach the goal of wisdom by a similar easy cross-cut to knowledge.

The following excerpt on this subject is taken from my pamphlet: "Young animals and plants are "marked" even more frequently than children are, but the cause of these developmental accidents is unknown. There is, however, no connection whatever between the nervous system of the mother and that of her unborn child, and the mother can therefore transfer no nervous shock to the child, nor has she any influence or control over the product of conception at any time, beyond affording it a safe abiding place and proper nourishment by way of the placenta or after-birth. It is just as impossible, therefore, for her to "mark" her child as it is for the setting hen to mark her chicks. If it were otherwise, there would be no unmarked children born. One of the most eminent authorities on this subject, Prof. Barton Cooke Hirst of Philadelphia, in a signed article in Appleton's Universal Cyclopedia and Atlas, writes as follows in regard to mal-formation: "This inquiry has given rise to much fruitless speculation, but the superstitious and absurd explanations of a former age have chiefly vanished in consequence of the light which modern embryological investigations have shed upon the subject. Certainly nothing can be more irrational than the attempt to explain the anomalies of organization which occur in man, by maternal emotions, when corresponding mal-formations occur among the lower animals, viviparous or oviparous and also in plants,

developments which apparently result from defective or excessive formative power. Such flimsy explanations would certainly fail to account for the fact that deep-seated organs, the existence of which is unknown to the pregnant woman, are frequently mal-formed, as in congenital mal-formation of the heart, kidneys, intestinal canal, the abnormal distribution of blood vessels, etc."

While on this subject I wish to call your attention to the seeming carelessness and recklessness with which some obstetric textbooks treat this important matter.

You have just heard what Prof. Hirst says in one place on the subject of the maternal impression theory; here is what he says on the same subject in the latest edition of his Textbook on Obstetrics, published in the same year (1902) in which the work containing the above quotation was published:

"Maternal emotions and impressions may affect the embryo or fetus. * * There are are well authenticated cases of congenital defects or peculiarities which bear to startling a resemblance to the cause of the impression upon the mother during pregnancy, to be dismissed as mere coincidences. One of my patients less than six weeks pregnant was, on one occasion, seized by the ear and dragged about the room by her enraged husband. The child born at term had a triangular piece lacking from the lobe of the corresponding ear. * * Profound impressions upon the mother certainly influence the psychical development of her offspring. The idiocy of Barnaby Rudge due to maternal shock and fright is a fiction founded upon fact. The horror of King James at the sight of a naked sword may well have had its origin in the murder of Riggio before the eyes of the pregnant Queen Mary."

I believe it more than probable that Prof. Hirst never saw this statement in his text book, much less wrote it. And if he didn't write it, who did?

The American Textbook of Obstetrics,edited by Prof. Robert C. Norris of the University of Pennsylvania contains the following ante-diluvian deliverance on this subject from the pen of Prof. Chauncey D. Palmer, of Cincinnati: "Structural alterations in the growing fetus may be effected, modified, or perverted by psychical influences. Certain fetal disorders may result from maternal impressions. Monstrosities do at times so occur. Physiologists admit, and observations prove, that the maternal emotions do affect the development of the exterior of the fetus. Likewise may the mental development be altered in its complex and delicate organization. Idiocy may so result."

Is it possible that Professors Norris and Palmer do not know better than the above quotation would indicate? If not, they ought to read the article written for Wood's Reference Handbook of the Medical Sciences by their colleague, Prof. George A. Piersol, from which the following excerpt is taken:

"The influence of impressions received by the mother during gestation has always been regarded by the laity and indeed by not a few members of the medical profession as well as a most potent cause in the production of mal-formations. Nor is it strange that this venerable and deeply rooted superstition should continue to be regarded with favor when we consider the widespread ignorance concerning the normal processes of development which prevail among otherwise well-informed persons. While appreciating the honest convictions of many in the belief of the power of such impressions, and in the sometimes seemingly convincing testimony adduced in support of such views, it may be borne in mind that the teaching of embryology and the verdict of unbiased critical review of the evidence presented are irreconcilably opposed to such claims."

If anatomists may be believed, the relation between mother and fetus is never that of *continuity* but only that of *contiguity*; for immediately upon the maturation of a human ovum and its expulsion from the Graafian follicle, the solution of continuity between the woman and her ovum is complete, even though fecundation of the ovum occur and its anchorage to the wall of the womb for future growth and development, take place.

Nature has even built a membraneous barrier between the blood of the mother and the blood of the fetus through which communication is had only by osmosis, by which method the mother supplies nourishment to the fetus. Does not this arrangement look as though nature were trying to protect the fetus as much as possible from any temporary ills which might befall her? In order apparently to make doubly sure against the danger of nervous shocks being transmitted from mother to fetus, no connection whatever exists between their respective nervous systems, not even one of contiguity. In order for such transmissions to occur, the nerve force would be compelled to leap across a nerveless chasm extending throughout the entire length of the umbilical cord and the thickness of the placenta—certainly an unthinkable plunge.

What lends plausibility to the maternal impression theory, is the fact that very rarely the occurence of violent emotion or shock

in a pregnant woman is followed by the appearance at birth of a so-called "mark" on her child. But infinitely more frequently the expected "mark" fails to show up, even in spite of the most profound mental impressions or frights during pregnancy.

Again, when a "mark" does appear it usually happens that the mother cannot recall any shock or incident to which she can reasonably attribute the "mark."

Birthmarks are unfortunate structural aberrations which, in the very nature of things, must originate in cellular accidents, very early in fetal development—much earlier in fact than the impressions to which these deformities are usually attributed, take place.

In the days of our grandmothers, the killing of a toad frequently caused blood to appear in the milk of the slayer's cow. This retributive phenomenon no longer occurs in our day, but according to the believers in the maternal impression theory, the struggles of a dying toad or a bound frog, when witnessed by an impressionable pregnant woman, may still, in the opening years of the twentieth century, change a properly developed human fetus into a hideous exencephalic monster!

What wonderful protective power is it that saves the mother's own tissues, which are in immediate contact with her nervous system, from meeting at times with the grave structural catastrophies which her marvellously potent nervous organism is said to deal out to her unborn child?

Why is it that the psychic dynamics, called forth by the sight of a burning building or the touch of a dead rat, never produces an angioma on the body of the expectant mother?

And yet, in spite of all the negative and positive evidence which may be adduced against it, not a single text book on obstretrics, so far as I know, disputes the theory of maternal impressions. You have already heard what the American Textbook of Obstretrics and Hirst's Textbook of Obstetrics say, Garrigues, in his Obstetrics doesn't mention the subject at all; Dorland in his textbook, winks at it in the following manner:

"Unpleasant and painful scenes or impressions should be avoided so that the possibility of some so-called maternal impressions may be prevented;" and Edgar, in his Practice of Obstretics, says:

"Instances pointing to the connection between or dependence of, congenital deformities. both physical and mental, upon maternal impressions, are too numerous to be completely dismissed as coincidences."

With such absurd, unscientific rubbish disfiguring our obstet-

ric textbooks, is it any wonder that this pet medical superstition still survives among otherwise well informed medical men?

Can any strictures be too severe upon authors who not only fail to combat this medical anachronism, but who abuse their position as medical authorities and inflict untold anguish on guiltless mothers, by disseminating this heartless medievalism?

Let us hope that the day is not far distant when American textbooks of obstetrics, gotten up ostensibly by "The Wise Men of the East," will have eliminated from their pages twaddle upon the subject of maternal impressions which would much more fittingly embellish the philosophizing of a Sairy Gamp. Surely the time has come when the sacred period of motherhood should be relieved of this horrible spectre! What right-minded physician can fail to feel the keenest distress as he contemplates the numberless and slumberless hours of anxiety spent by hosts of sensitive, expectant mothers because of their belief in this cruel superstition.

And when, on a rare occasion, a deformed child is brought into the world, is not the grief of the innocent mother already great enough without our adding to her distress by wrongfully throwing the responsibility for the unfortunate condition of her baby upon herself?

Let us admit that we don't know. The next best thing to knowing, is to know that you don't know.

Why insist on trying to explain these marvelously few cellular accidents in the development of the human ovum, by fanciful speculations?

As we stand before the greatest miracle of nature, and view the incomprehensible vital dynamics which, in 280 days, makes of the union of two cells, that infinitely delicate, infinitely complicated, infinitely harmonious, infinitely potential mechanism—a human child—need we wonder that now and then, among this vast and varied battalions of cells engaged in the construction of this architectural marvel, some pigmy artisan in atoms, should prove unequal to his task or recreant to his trust?

DISCUSSION.

Dr. Lobdell: I don't know anything about this subject,—don't know whether anybody does. I have had some unfortunate experiences, and in every case the family hunted, and eventually found, the cause of it. One case where the skull was but partially developed, gave as a cause that the mother had become frightened when about six months pregnant, and had suddenly put her hands to her head. Authors agree that the cranium is pretty well developed at six months; this, then, could not have been the cause. As the doctor remarks: Let us admit that we don't know. I am glad that he has relieved my sex from the odium which has so long been inflicted upon it. I think that he is right in saying that it is impossible for a mother to mark her unborn child.

EVOLUTION.*

The Evolution of Man, Physical, Mental and Moral—Its Hindrances and Helps.

W. L. SCHENCK, A. M., M. D.
Topeka, Kansas.

It is assumed that before anything was created, there was a Creator, an infinite and eternal energy, whose kingdom was a boundless void; and the great thought in creation was the production of a life that could think and reason, and love,—a life endowed with endless evolution. How He made the ether and the electricity with which He filled infinite space, or how He created life and endowed it with progressive growth, enabling it to conquer more and more, the unknown, and become more, co-worker with Himself, are beyond speculation. We do not yet know what life is or what matter is. Until these factors are solved we can scarcely hope to know how matter was created and vitalized.

Evolution is the demonstration of a Creator who thought perfection and wove it into the fabric of the universe.

Science is the translation of his thought. Prof. Adler says, "It is the Child of Wonder." It clarifies wonder and everywhere reveals the "*Raison d'etre.*" But until man reaches the wisdom of the All-wise, he will often confess "I don't know." Yet true to the evolution through which he has reached his present height he will never rest satisfied with speculation. The scientific mind of the twentieth century, is not Mosaic, but is Darwinian, Spencerian. It is not cut into cubes and cemented with stucco, but like the processes of nature moves forward with intelligent purpose and untiring step.

Ever haunted by an unattained ideal, man reaches after something better, higher, and hence there is a constant promise and a constant revelation of wisdom and knowledge. This search after something beyond what is known is the crowning glory of humanity and to such worship the Infinite is more and more perfectly revealed.

The field of scientific medicine embraces all that pertains to life, and as Doctor Kirkland has said "The regular profession is the 'Unsectarian Sect.' Creeds set bounds to thought and investiga-

*Read before the annual meeting of The Kansas Medical Society, May, 1904.

tion. They are the metaphysical expression of uncomprehended dogmas; and the true scientist looks with pity or contempt, upon all who would circumscribe thought and set bounds to knowledge. His is no "Pent up Utica." He seeks "The truth, the whole truth and nothing but the truth." He accepts no "similia similibus curantur" or "Alia Alibus Curantur" and wants no eclecticism, that follows an ignis fatuus, and holds its nothingness too close to the eye, that he sees nothing beyond, and is at war with all who do see the beauty, and breadth and progressiveness of true science. Creeds are all the work of separatists who when separated never cease to complain; but like a uni-cellular atom of protoplasm think themselves the whole thing and unceasingly sing:

> "I do not like the Doctor Grow, the reason why I do not know,
> But this, and only this, I know, I do not like the Doctor Grow."

Progressive development is the law of all life, and all life is capable of vitalizing inorganic matter,and through metabolic action,there is constant change, boundless growth, and endless reproduction, and as the great thought in creation is perfection before destruction, spirit being capable of infinite growth, its incompleteness during mortal life is the prophecy of its immortality. But as to what man will attain in some other sphere will be of little value to the life that now is, it is ours to see that all the possibilities of his present life are developed. With his freedom of will, man may for a time arrest progressive processes, but knowing right and wrong, good and evil, and possessing hope, reason, aspiration, the Divinity within him will make life progressive. Like the prodigal, he may go astray, but like him he will fail to escape the Divinity within, and soon or late will arise and go to the Father.

While we can not demonstrate Nothingness or a primal ether, the ground-work of creation, or the evolution of the world, whose chemic action converted them into moulten spheres, if such they are, or know when our earth permitted the existence of the simplest forms of vegetable and animal life; and while we cannot follow with accuracy these first microscopic atoms of protoplasm, as step by step, they moved up their weary way through countless ages, we know that progressive development, with no new creations from new contingencies, no errors to correct, was the thought of the Allwise, who spoke the worlds into existence and created the evolutionary processes by which they become habitable, made life progressive and provided for the evolution through which it should develop on and up to man, and to God Himself. Whatever the steps

of Creation, orderly progress fixed and immutable law reigns throughout all His worlds.

> "One life. one law, one element,
> And one far off Divine event
> To which the whole creati)n moves."

In this fixed, unchanging law, lies the foundation of all science which becomes more clear, as more and more clearly comprehended, and it reigns everywhere, from the minutest atom of inorganic matter, to the mighty sphere, whose centripetal force holds all the starry hosts in their appointed courses, and from the minutest speck of protoplasm to man and the spirit life. Science is simply the revelation of its methods.

Creation and progress have been attributed to chance. If correctly, there is no science, for science is the revelation of fixed law and orderly progress. As well may we attribute to chance the fixed sequents of numeral combinations, $2+3=5$, or $2x3=6$ to accidental ink-blots, as to attribute to chance the creation and government of the worlds, or the creation of protoplasmic cells with the power of reproduction, combination and progressive improvement.

The medical profession assumes the care of the body through which spirit life finds its earthly possibilities, and hence it is in duty bound, to know its physiologic laws, to understand its pathologic diversions, and the means by which they may be prevented or restored to physiological expressions, and its grandest possibilities attained. More than we are wont to believe, the whole man, physical and spiritual, depends upon the development and health of body. "*Mens sana in corpore sano*," is the law of life. It is the duty of the medical profession to tell how the sound body may be obtained, maintained, and improved.

It is a mistake to suppose that its noblest ends lie in developing it into a behemoth. The Sampsons, Sullivans, and Sandows are never intellectual giants and die prematurely of their own folly. Spirit does not act through muscle, and healthful exercise and normal development best subserve its purpose.

Since spirit dwelt in mortal bodies, life has been dual, each life having a reciprocal influence upon the other, and when the Ascetic, has sought to crucify the body in the interest of the spirit, or when, through the lusts of the flesh, the spirit has been crucified, there has been antagonisms and an arrest of progress, but when like the cells of the body, each has labored for the other, there has been physical improvement, spiritual growth, and evolution.

While a perfect body is a great boon, the health, happiness and growth of the real ego—that which distinguishes man from the brute—through its instrumentality, should be our highest thought, our noblest ideal. If, instead of spending his time gazing into the heavens and preparing for some other world, man, had since his evolution wisely used the opportunities of earth, he would scarce desire a better heaven than earth would supply. The Great Physician taught us that "The man is man, the more man is God," and that the vineyard He has given us "To tend and dress," is at hand.

The physician who thinks his whole duty is to cure disease, plays a minor key and often fails on that.

For ages it was supposed that each living organism, however complex, had but one life. Now we know that every life higher than an amoeba is a sum of vital entities. That a cell, a microscopic atom of protoplasm, containing as a rule, a nucleus and nucleoli, that divides and sub-divides, buds, proliferates, differentiates until it reaches the form of the parent pair, that possesses the varied functions of life, is the fundamental form element of all life, and that down among these little lives, all life's work is performed. By them dead matter is converted into protoplasm and tissues and organs formed; that all work is such perfect harmony, there seems but one life, and that their ultimate physiologic purpose is the creation of cells, through which species shall be continued and improved, each new life being a new link in an endless chain, that reaches back to the beginning and forward, forever. How the union of somatic cells produces a new life, and determines sex are unsolved problems, as is the greater problem, how spirit acts through matter. We only know that as life moved up the ages, there came a time when through cells differentiated in the cortex of the brain there was a co-relation of sensations and perceptions, spirit was breathed into mortal bodies, and man became a living soul, with self conscious personality, thought, reason, faith, hope, love.

Through the countless ages of the past, life has slowly moved forward to its present height, and marvelous as its changes have been they are not more wonderful than the development of the individuals about us. Somatic cells are differentiated in the reproductive stroma of a parent pair of the same species, which united in man through many changes, in a few months, proliferate and differentiate until we have the parental form and functions, with constant improvement, if life has been worth living. Though each one of the numberless cells of our bodies possesses an independent life,

their action is so interdependent, that the integrity of the whole body lies in the integrity of its individual elements. The whole is never greater than its parts. Where, from any cause, death comes to any of these little factors, and their ptomains remain in the body they form toxines and produce auto intoxication, as varied as the elements of the differentiated cells, and as potent as the toxine of any pathogenic germ, and death follows. All our knowledge of the universe begins with the vital energy that created and gathered the primal atoms into worlds, the energy of that supreme intelligence that welded an idea into matter, that clothed the earth, the flower and fruit, and living green, with animal life and intelligence. Link by link, we follow life back to the primordial cell, and forward until we are compelled to exclaim, "It doth not yet appear what we shall be."

(Continued in November Issue.)

Dr. W. Dio McPhee has recently been admitted to the order of American Railway Surgeons, through the recommendation of the Choctaw Railway officials. He is young in his practice but is making a marked success as a surgeon.—*Anthony Daily Bulletin.*

State Board of Health—The membership of the State Board of Health as recently revised and appointed by the governor is as follows: E. P. Mills, M. D. Olathe; G. E. Locke, M. D., Holton; J. B. Carver, M. D., Fort Scott; B. J. Alexander, M. D., Hiawatha; Chas. Lowry, M. D. Topeka; L. A. Golden, M. D., Kensington; A. B. Scott, M. D., Jetmore; J. B. Carlile, M. D., Leon; H. M. Bentley, M. D., Sterling.

Osler and Oxford—Dr. Wm. Osler of Johns Hopkins goes to the University of Oxford (England) as Regius Professor of Medicine. This is at once an honor and an indication of weakness for America. It is an honor in that even the English think our men good enough to call them as teachers, but the fact that our men are willing to leave for England shows that America is still in the tutelage stage of medicine.

Dr. O. F. Searl has left Solomon, Kansas, and gone to Nome, Alaska.

Dr. Lilly of Seneca has removed to Atchison and opened an office. He has just returned from abroad.

Dr. M. T. Dingess and Dr. A. B. Dingess have formed a partnership in Atchison and will give special attention to electro therapeutics.

A New Journal—Dr. Frank Tracy of the Grandview Sanatarium has started a medical quarterly called *The Kansas City Medical News* at twenty-five cents a year.

Kansas Medical College Notes—The Kansas Medical College has had a coat of paint and has fitted up a Y. M. C. A. room. The foot ball team is doing good work.

Appendicectomy—A very interesting reprint from *Medical Record* entitled "Clamp and Cautery in Appendicectomy" has been sent us by the author Dr. J. R. Eastman, of Indianapolis.

A. M. A.—The following Kansans have joined the American Medical Association: Jacob Hinden, Strong City; P. T. Conlan, St. Marys; J. A. Milligan, Garnett; A. E. O'Donnell, Kansas City.

Liquozone—As nearly as the Department of Chemistry of the University of Kansas can make out, liquozone consists of a solution of sulfurous acid in Chicago river water. A more complete report will be made soon.

"Study Carefully the antecedents of the man to whose care you propose to confide all you hold most dear in this world, that is, your life and the lives of your wife and children. If the man is dissipated, is given to frivolous pleasures, cultivates with too much zeal the arts foreign to his profession, still more if he be addicted to wine and debauchery, refrain from committing into such hands lives so precious."—*Rhazes* (born A. D. 850.)

Professor Barber of the University of Kansas has promised us for next month a preliminary report on his method of SELECTIVE STUDIES OF BACTERIA. Prof. Barber has developed a method by which he has produced bacteria different in almost every particular from the parent germ. This is a very important matter since it throws light on the possibility of developing virulent germs within the body. Not only has Prof. Barber worked here two years on the technic of his experiments, but he also spent the summer in Paris verifying his results by conference with the leading French bacteriologists.

Dr. W. H. Boyle of Atchison has gone to the Battle Creek Sanatorium for treatment for rheumatism.

Orthopedic Surgery—The American Orthopedic Association is now publishing its transactions as a quarterly journal entitled *The American Journal of Orthopedic Surgery*. The place is Boston (Dr. R. W. Lovell, 234 Marboro Street, Boston) and the price is five dollars a year. The copy sent us (Vol. II., No. 1) is very interesting and helpful.

Kentucky School of Medicine—We have received a copy of the announcement of this school for the coming year. The school is peculiar in that it begins December 15 and runs for thirty weeks—thus fulfilling the *requirements* of the state licensing boards. Dr. William Wathen, who has been prominent lately in medical-educational gatherings, is dean. They have about 280 students.

A KANSAN AS PLAGIARIST.

An "Empress" of Rome—A Kansas doctor quotes Shakespeare [?]. I extract the following, *verbatim*, from a pamphlet lately received, entitled "The Conjugal Relation, or Sexual Hygiene," by a Kansas doctor of some pretentions:

"We look with awe on other forms of perversion like that so graphically portrayed in the picture drawn by Shakespeare from life at the head of a Roman court, where the empress—Anne Boleyn or Bullen, the second wife of Henry VIII—fair as a lily, in lewd embrace clasped to her bosom the murderous and licentious black man Aaron. This was in the far-off past and yet, through the gloom of 2000 years, its horrid details are sufficient to fill us with loathing."

Oh! Oh! Oh! That is delicious! The unfortunate Anne Boleyn, the mother of England's most famous queen, referred to as *Empress of Rome* sixteen hundred years before she was born! Shades of Shakespeare, Gibbon and the Cæsar! but it is a good joke on you. In shade-land, I can imagine old Shake sulking and saying cuss words,—while Gibbon and the Cæsar boys are nudging him in the ribs and guying him. What do you suppose the learned writer was hitting at anyway? Really, if I had a ten year old boy who didn't know better than that, I'd send him to Dr. Pilcher, in charge of the asylum for idiots at Winfield, Kansas, to be bored for the simples.

* * * * * * * * * * *

In this same pamphlet I find several pages taken from my paper on "The Cause and Prevention of Rape; Sadism in the Negro," without acknowledgement, credit or even quotation mark. That is bad enough, but it is published (without date of publication) as a paper claimed to have been read several months prior to the publication of my paper. This indirectly asserts priority to the use of my own words, and is calculated and was intended to deceive. To be sure it is not true; but that seems to make no difference with the alleged author; he does not seem to mind a little thing like that. It is really not worth mentioning, and I would not mention it except to denounce it as an atrocious plagiarism. For, "Big fleas have little fleas on their backs to bite 'em," you know, as Saxe said, and we must be patient under that affliction of which, when told of a published criticism of him, the great John Hunter said: "Yes, we all of us have vermin that feed upon us."—*Texas Medical Journal.*

At Dr. Daniel's request we refrain from giving the Kansan's name. He is not a member of our society, at present, anyhow.

MEDICAL STANDARDS.

Dr. Webster whose report we quoted last month has asked us to give as the new standard not the figures marked as "standard adopted" in his report, but the average of the 124 schools which reported. We are to understand then that the confederation of Medical Licensing Boards will adopt this average as the new standard of medical education. Dr. Alkire has very kindly worked out the curriculum of the Kansas Medical College for THE JOURNAL. This is included in the following table. The Kansas Medical College is now revising its curriculum to meet the Michigan standard. We wish to take this opportunity to express our thanks to Dr. Alkire for furnishing us these statistics.

Study	Kansas Medical College	Standard Adopted.	Average in 124 Schools
General medicine	448	500	490
General surgery	512	540	536
Orthopedic surgery	28		61
Obstetrics	186	150	169
Pathology	252	260	251
Anatomy	756	500	480
Histology and embryology	154	200	211
Physiology	140	250	341
Chemistry	364	340	345
Bacteriology	112	115	138
Pediatrics	112	60	98
Physical diagnosis	112	55	97
Gynæcology	84	130	181
Etiology and hygiene		30	46
Neurology	28	75	83
Mental diseases	42	25	47
Materia medica and therapeutics	196	110	216
Pharmacy	56		60
Dermatology and syphilis	86	50	80
Laryngology and rhinology	28	55	85
Ophthalmogy and otology	224	95	124
Medical jurisprudence	56		36
Genitourinary	56		74
Com. dental anatomy	28		
Life insurance	12		
Electro therapeutics	28		
Operative surgery	28		
Post mortems	28		

Licensing Examinations.—In the *Journal of the American Medical Association* for September 3, 1904, we have found the following report for the recent licensing examination in this state:

Kansas July Report—Dr. G. F. Johnston, secretary of the Kansas State Board of Medical Registration and examination, reports the written examination at Topeka, July 12-14. The number of subjects examined in was 9; total number of questions asked 90; percentage required to pass, 75. The total number examined was 29, all of whom passed. The following colleges were represented:

PASSED. College	Year Grad.	Per Cent
Hering Medical College, Chicago	(1905)	85, 88
Kansas City Medical College, Kansas City, Mo	(1904)	78, 78, 83
Eclectic Medical University, Kansas City, Mo	(1904)	75
Lincoln Medical College, Omaha, Neb	(1904)	84
University of Illinois	(1904)	78, 79
Rush Medical College	(1903) 97, (1904)	87, 79
Medico-Chirurgical College, Kansas City, Mo	(1904)	86, 84, 87
Hahnemann Medical College, Kansas City, Mo	(1904)	85, 88
University Medical College, Kansas City, Mo	(1904)	94, 83
Barnes Medical College, St. Louis, Mo	(1904)	89
Jefferson Medical College, Philadelphia	(1904)	93
Louisville Medical College, Louisville, Ky	(1904)	84, 92
Homeopathic Medical College, Chicago	(1904)	86
Kansas Medical College, Topeka	(1904)	90
University of Heidelberg, Germany	(1889)	79
Central Medical College, St. Joseph, Mo	(1904)	82
Northwestern University, Chicago	(1904)	82
Memphis Hospital Medical College, Memphis	(1886)	76

BOOK REVIEWS.

Serums, Vaccines and Toxines—By Wm. Cecil Bosanquet, M. A., M. D. (Oxon.), F. R. C. P. Lond. W. T. Keener & Co., Chicago, 1904. Price $2.00.

This is one of the series of handbooks on "modern methods of treatment." It is a little book of 340 pages, bound in limp cloth. It is extremely interesting and instructive and brings the matter of serum treatment down to May 1894. It will therefore be the best means for those of our readers who wish to work up the subject to learn the latest advances in the treatment of the infectious diseases. Besides considering the general properties of immunity, Dr. Bosanquet goes into detail over each of the following diseases: diphtheria, tetanus, snake bite, smallpox, rabies, plague, enteric (typhoid) fever, cholera, affections due to streptococci, tuberculosis and malignant tumors. It is what the busy practitioner needs in order to get his head above the flood of discussion in our periodical literature.

The Student's Handbook of Surgical Operations—By Sir Frederick Treves, Bart., K. C. V. O., C. B., LL. D., F. C. S. New edition revised by the author and Jonathan Hutchinson, Jr., F. R. C. S. 121 Illustrations. Chicago; W. T. Keener & Co., 1904. Price $2.50.

This little 12 mo. volume of 484 pages is an abridgement of the author's "manual of operative surgery." What is given, is given succinctly The subjects considered are ligatures of arteries, operations upon nerves, amputations, operations on the bones and joints, tenotomy, plastic surgery (hare lip, cleft palate,) operations on the neck and abdomen, hernia, operations on the bladder, scrotum,

penis, rectum, head, spine and breast. It is therefore quite complete and will serve well as a general guide to operative work, especially for those who are not professed surgeons.

Counties Organized—As far as the editor knows, the following are the only organized counties in Kansas: Allen, Atchison, Anderson, Cherokee, Clay, Cloud, Crawford, Douglas, Harvey, Leavenworth, Linn, Lyon, Marshall, Mitchell, Montgomery, Nemaha, Neosho, Reno, Republic, Rice, Shawnee, Smith, Wilson, Wyandotte, —21. If others are organized, or if some of these organizations are defunct, the JOURNAL should be informed. We plan to publish soon our membership list and we would like to have it somewhat accurate.

PAID NOTICES.

For Sale.—In a good live town of 800 inhabitants in Northeastern Kansas, a well established, good paying practice, including office furniture for two rooms, full line of instruments, operating chair, parlor sofa, etc. Good field for surgeon or man who does eye work. Competition just right. Good money can be made from start. Will bear closest investigation. Address, JONES,
care of The Journal of the Kansas Medical Society,
Lawrence, Kansas.

Public Sale of Medical Goods.—I will sell at auction at the residence of the late Dr. P. Daugherty, at the corner of 4th and Washington streets, in Junction City, Kansas on Monday, October 10, 1904, at 2 o'clock, p. m., his entire set of instruments, complete medical library and all his office fixtures and furniture. The above consists of the following: Emergency Case, Medicine Case, Pocket Medicine Case, Perineal Operating Case, Surgical Chair, Office Medicine Cabinet, Medical Library, 140 volumes with book cases, tables, chairs and other furniture such as is used by a first-class physician, Obstetric Case, Operating Case, Pocket Surgical Case, Head Mirror, Charts, Nasal Spray Outfit, Complete set Uterine and Rectal Instruments, Set of Dull and Sharp Uterine curettes, Tonsilitome, intubation set. All goods in excellent condition. Terms Cash.
JAS. D. WHELAN, Administrator.
J. G. D. CAMPBELL, Auctioneer.

The Journal

OF

The Kansas Medical Society

OFFICERS OF THE SOCIETY:

LAWRENCE REYNOLDS, Horton, President.
L. H. MUNN, Topeka, Treasurer.
CHARLES S. HUFFMAN, Columbus, Secretary.
E. T. SHELLEY, Atchison, Vice-President.
D. E. ESTERLY, Topeka, Vice-President.
R. J. MORTON, Green, Vice-President.

COUNCIL:

1. *E. T. SHELLEY, Atchison.*
2. *M. F. JARRETT, Ft. Scott.*
3. *F. M. DAILY, Beloit.*
4. *O. J. FURST, Peabody.*
5. *E. E. HAZLITT, Abilene.*
6. *C. E. McCARTY, Dodge City.*

Volume IV November 1, 1904 Number 11

EXAMINATION QUESTIONS.

The following questions were used at the state licensing examination on October 11. Thirty-three tried and nine failed. We are indebted to Dr. Johnston for the report.

ANATOMY—D. P. COOK, M. D.

1. Give the origin of the common iliac artery. 2. Name the muscles between the hip and knee. 3. Give the anatomy of the kidneys. 4. Describe the fetal circulation. 5. Give the distribution of the jugular veins. 6. Describe the origin and insertion of the pectoralis minor muscle; also the psoas magnus and psoas parvus. 7. Describe the shoulder joint, giving articular surfaces, ligaments, etc. 8. Name all of the bones of the hand and wrist. 9. What veins have no valves, and why? 10. How many bones in the human anatomy? And why do anatomists differ as to the number?

CHEMISTRY—G. F. JOHNSTON, M. D.

1. What is galvanism? 2. How can it be demonstrated that hydrogen is lighter than air? 3. What is analysis and what synthesis? 4. What is the effect of inhaling air rich with ozone on the respiratory organs? 5. In what manner does arsenic prove poisonous? 6. How does CO act as a poison? 7. What is the action of KOH on the tissues? 8. What is the antidote for acute poisoning by $HgCl_2$?

9. What is the reaction of blood during gout? 10. What is Trommer's test for sugar in urine?

OBSTRETRICS—O. P. LEWIS, M. D.

1. Give diagnosis and treatment of placenta previa. 2. State principal causes of puerperal infection. 3. State causes and treatment of afterpains. 4. Is abortion ever justifiable? If so, when? 5. Give probable cause and treatment of mammitis. 6. What is amenorrhea? What is menorrhagia? Give treatment. 8. What is tubal pregnancy? 9. By what method would you treat a complete laceration of the perineum? 10. Define metritis and give treatment.

PATHOLOGY—T. E. RAINES, M. D.

1. Give the pathological anatomy of herpes zoster. 2. Describe the pathological changes in Graves's disease. 3. Describe the pathological changes in Meniere's disease. 4. Describe the chtnges in acute peritonitis. 5. Describe in detail the changes that take place in typhoid ulcer. 6. Describe pathological changes in acute pulmonary consumption. 7. Describe morbid changes in chronic cystitis. 8. Describe morbid anatomy in case of advanced richitis. 9. Describe chanffes in purpurea hemorrhagica. 10. Describe changes that may take place in the heart during an attack of acute articular rheumatism.

BACTERIOLOGY—W. F. FLACK, M. D.

1. What are bacteria and how do they multiply, and what is their shape? 2. What is essental to the life of bacteria? 3. What are the most favorable media for the development of bacteria? 4. What is sterilization and what kinds have we? What are antiseptics, and name several? 5. Define immunity. 6. Name the various forms of culture media used. 8. Give the names of the bacillus of typhoid fever, gonorrhea and diphtheria. 9. Describe the bacillus anthrax. 10. What disease do we find micrococcus lanceolatus?

PHYSIOLOGY—F. P. HATFIELD, M. D.

1. Give the composition of human blood in normal condition. 2. Describe the fetal circulation. 3. Give the entire process of digestion, beginning with mastication (*a*) of albuminous food; (*b*) of fatty food; (*c*) of starchy food. 4. Name all the veins which have no valves and give reason why. 5. Describe the sympathetic nervous system; what are its functions? 6. What centers are located in the medulla oblongata? 7. Name all the ductless glands of the body. Do they form secretions? 8. Describe the mechanism and circulation of the blood through the heart and explain the diastolic and systolic action. 9. Give process by which nourishment is appropriated for repair. 10. Describe the entire process of deglutition.

(Continued in December issue.)

A NEW METHOD OF ISOLATING MICRO-ORGANISMS.

M. A. BARBER.

Department of Bacteriology, University of Kansas.

The importance to bacteriology of precise methods of making pure cultures is well illustrated by the history of the researches on anthrax. In 1863 Davaine found that blood of a diseased animal containing the small rods would, when inoculated into another animal, cause the disease anthrax; and he was convinced that the rods, which he recognized as bacteria, were the true cause of the disease. But the objection was made that other substances were inoculated at the same time as the bacteria, and that one could not be sure that it was not some other substance with which the bacteria were merely associated which was the real cause. But when Koch in 1876 isolated the rods by means of cultures on gelatine, cultivated then for many generations outside of the body and showed that generations of the bacteria far removed from the original drop of blood were capable, when inoculated, of causing anthrax, the proof was complete. So in all investigations regarding the relation of micro-organisms to disease, fermentation, or any change in organic material, it is of the greatest importance to secure pure cultures of the organism experimented with; for in ascertaining which of the various antecedents of the effect is the necessary one—the cause—it is often essential to try each one of them separately.

One of the first methods of purifying cultures was that employed by Pasteur in his researches on beer. This method, a physiological one, consisted in adding to the mixed culture of yeast plants and bacteria substances such as sugar which favor the growth of yeast, and tartaric or other acids which retard the growth of bacteria. By successful changes of the selective medium and the employment of temperatures which least favor the growth of bacteria, he obtained cultures of yeast free from bacteria. However this method did not secure a pure culture of a single species of yeast plant. In 1878 Lister obtained pure cultures of the lactic bacteria by so diluting a drop of liquid containing the organisms that, according to his calculation, a single drop did not contain more than one individual. Then of a series of flasks of nutrient medium, each inoculated with a drop of the dilution, he concluded that the flasks showing growth contained the progeny of a single cell. But one

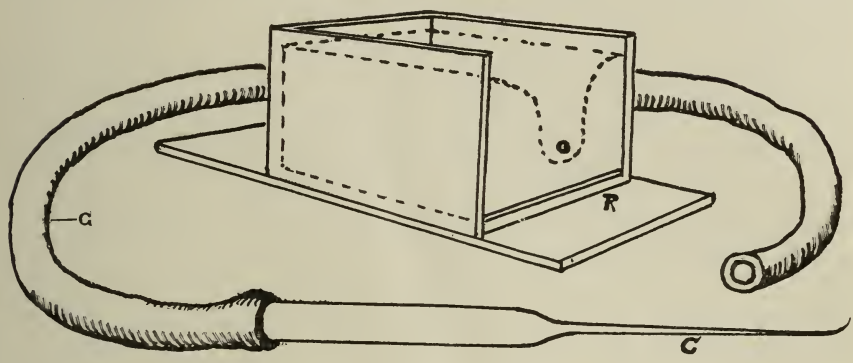
could not yet be certain that the cultures in these flasks came from one or more than one cell. So in 1882 Hansen devised an improvement on this method, and further, observing carefully his inoculated flasks, he considered only those cultures pure in which the growth began with a single speck in the bottom or on the sides of the flasks. This method, used in isolating yeasts, would not do for many kinds of bacteria, at all events not for the motile ones.

A very great advance was made when, in 1883, Koch published his improved method of isolating by gelatine plates. Organisms were diluted in gelatine in the liquified state. When colonies appeared in the gelatine subsequently solidified and spread on a sterilized plate, it was assumed that each colony came from an isolated cell. But one could not yet be absolutely sure that such was the case; for a colony might well start from two individuals of different species which were not separated during the dilution. To avoid this difficulty, Hansen, working in 1883 with brewing yeasts, made small gelatine plate cultures on the surface of large cover glasses. These were placed over moist cells and sealed. A single yeast cell, well separated from its neighbors, was selected and its development observed. By this method one could be absolutely sure that the colony obtained came from the development of a single cell, and therefore formed a pure culture.

A method has been devised by Lindner (described in his Mikroskopische Betriebskontrolle in den Gaerungsgewerben, 1901) by which isolations proceeding from single observed cells may be made in liquids. A proper dilution of the yeast plant is made in a medium and a series of small drops of this dilution are placed on a sterile cover glass by means of a sterile writing or drawing pen. The cover glass is then sealed over a moist cell and those droplets marked which contain but a single cell.

While the methods of Hansen and Lindner enable the investigator to obtain pure cultures of yeast from a single isolated cell, he is still more or less dependent on chance as to the character of the particular cell isolated. He would find it difficult by these methods to select and isolate a single varying cell occurring among hundreds of others. Besides these methods are at a disadvantage in working with bacteria, especially small or motile species. Lindner states that he has succeeded in isolating sarcina and lactic acid bacteria, but admits that his method is limited in the case of small or active forms. So, when the writer of this paper undertook some two years ago the investigation of the individual variations seen among bacteria and yeasts, it was necessary to devise some new method of

the selection and isolation of single cells. Such a method was worked out and a description of it is given here.



Three pieces of glass, cut from an ordinary slide, are cemented with Canada balsam to a common slide in such a way as to form a box open at the top and one end as shown in the accompanying figure. I have made these of various sizes, but have usually made them equal in height to the breadth of the slide, about 40 millimeters in length and 25 millimeters in width. The sides of this box are lined with ordinary filter paper indicated by the dotted line, and a piece may also be placed at the open end and cut in the form shown in the figure at o. A small glass rod may be cemented in at r to strengthen the apparatus. A large oblong cover glass, I usually use a size of 25 by 40 millimeters, carefully cleaned, is sterilized in the flame, placed on top of the box and secured there by vasaline previously placed on the edges of the box. By means of the platinum loop a drop of sterile nutrient medium is placed on the under surface near the center. Evaporation is prevented by previously wetting the filter. To this drop a small portion of the culture under investigation is added, the whole apparatus is placed on the stage of the microscope, fixed in a mechanical stage, and the cells in the hanging drop brought into focus. A pipette is then made by drawing out in the flame a piece of thin walled glass tube about 8 to 10 centimeters in length and 4 millimeters in diameter, in sueh a way that a portion of it, shown at *c*, is drawn out into a much finer tube with very thin walls. This finer tube is then further drawn out in a very narrow flame formed by a bunsen with a narrow aperture. In doing this the finer portion of the tube is held in forceps, and just at the moment of drawing, a turn is given the tube so that a curve is formed at the tip, as shown in the figure. The thicker end is then attached to a rubber tube *g* of a length of about 10 cen-

timeters, the free end of which is taken into the mouth of the experimenter. By touching the curved tip to a drop of sterile medium held in the platinum loop a portion of the tip is at once filled by capillarity.

The eye is placed at the microscope, and the glass tube, held in the right hand is introduced into the box and its tip brought into view. It is, of course, essential to avoid touching the tip of the tube to any portion of the apparatus not sterilized. The yeast or bacterial cell which it is desired to isolate is touched with the tip, and usually enters the pipette at once by capillarity. Withdrawing the pipette from the drop and holding it continually in view, the cover and the rest of the apparatus is moved, by means of the mechanical stage operated by the second finger and the thumb of the left hand, until the tip of the pipette is at a safe distance from the culture drop. It is then raised and brought into contact with the cover and a small portion of its contents expelled by gently blowing into the rubber tube. A row of tiny drops may thus be made, in one of which the desired cell is usually found. If this droplet contains other cells also it may be further diluted and a new selection made. This may be done without renewing the pipette by expelling from it at some other place on the cover the part of the liquid still containing cells taken from the original drop, and then using it as at first. I have frequently succeeded in isolating the cell desired without resorting to this further dilution, in working both with yeasts and bacteria; but for this it is usually necessary to start with a culture somewhat diluted, to make the droplets very small and to use a very fine pipette, sometimes with opening so small that it will not admit larger yeast cells.

When the isolations are made the cover glass is sealed with vasaline on a hollow slide or any of the moist cells ordinarially in use for hanging drops. It is usually advantageous to mark the droplet containing the isolated cell so that it may be easily found. This I ordinarily do by placing on top of the cover in the neighborhood of the droplet tiny dots or line of asphalt cement applied under the low power of the microscope by means of a fine glass rod. If the droplets are arranged in lines or in any regular order, they may be simply numbered and the marking dispensed with; but I have usually found it safer and more convenient to mark the position of the droplet by means of the black cement.

To be sure that the droplet contains but a single cell it may be examined after it is sealed in the hollow slide with a high power, even with an oil immersion lens. The droplets may be made so

small that they do not occupy but a fraction of the field under the high objective, so that a thorough search is easy. In obtaining pure culture, however, I generally take the precaution of observing the isolated cell for some hours after its isolation and note if any development takes place in any other part of the droplet. If it is thought that there is not enough medium to nourish the organism, more may be added after examination by mounting the cover on the box again and adding more liquid from a new sterile pipette.

No trouble is experienced from the running together of the droplets if there is a very slight amount of vasaline on the surface of the cover. The smallest possible amount placed on the cloth with which the cover is finally wiped is sufficient, and in sterilizing one should not heat the cover so much that the vasaline layer is burned off. Further only enough moisture should be introduced into the moist cell to insure a saturated atmosphere. I have found it best to simply breath into the hallow of the slide and to place the culture over it before the condensed moisture has had time to evaporate. Many hanging drops may be made on the same cover, and I have succeeded in keeping them separate for many weeks. Several of these cultures were packed in a trunk and carried to Europe without mixing the droplets. This is possible only with drops of small size.

Practically no trouble has been encountered on account of contamination. The whole process of isolation often takes but a few minutes, and in working on the under surface of the cover, one runs less risk than in making ordinary plates. The best proof of the freedom from danger of contamination of the method is that I have worked for many months with cultures of both bacteria and yeasts at the same table, and I practically never have my bacterial cultures contaminated with a yeast or my yeast with bacteria, though the media used are usually favorable for both.

I generally make selections under a two-thirds or a one-fourth objective with a one inch eye piece, though I have used higher powers successfully. After a little practice very little difficulty is experienced in holding the hand steady enough for this work, especially if it be steadied against the stage of the microscope or supported on a block. I have experimented with mechanical contrivances intended to replace the hand, but have not found them necessary. No great difficulty is met with in acquiring sufficient skill to use the method. Mr. Burrows, one of my students, succeeded in isolating spores of fungi after one hour's practice, and in isolating a yeast after

three hours, without having had any previous practice with the method.

When a growth has formed in the droplet, it may be transferred to a test tube directly by means of a long pipette, or by discharging the cells into a drop of medium held in the platinum loop. This drop is then easily transferred to a test tube. I have also transferred the single cell directly to the surface of agar.

It hardly comes within the scope of this paper to describe the results obtained in the selection of micro-organisms and these will be reserved for a separate article. Only enough will be given here to illustrate the uses to which the above described method may be put. In experiments with yeast plant, Saccharomyces amomalus, a different race has been obtained by isolating a single varying cell; and this new race cultivated on various media, has retained its peculiarities for a year. Similar results have been obtained with bacillus coli communis. One of the very long filaments found in small numbers in cultures of this bacterium was isolated and has given rise to a new form more filamentous than the type, and this variety has kept its new characteristics during over two month's cultivation on different nutrient media and solid. Like results have been obtained with the bacillus of typhoid fever. Staphylococcus pyogenes aureus has been isolated from pus without the use of plate or other cultures on solid media, and several other species of bacteria have likewise been isolated by means of the pipette alone. Cultures of amœbæ coming from a single isolated individual have been made and various fungi grown from single spores. Not very much has been attempted as yet in the way of isolating organisms which do not grow well on solid media, but experiments will be attempted in this direction. The experiments thus far made have been in the way of applying to microorganisms the methods in common use in the selection of higher plants and animals; and it is believed that this new method will aid materially in the development of this field of research.

DISPENSING DRUGS.*

H. L. CLARKE, M. D.,
La Cygne, Kansas.

The physician and druggist as well as the manufacturing chemist are deeply interested in the office dispensing of drugs by the physician.

While my experience as a physician has been but brief, my dis-

*Read before Linn County Medical Society at its meeting held in Mound City on July 23, 1904.

pensing has been much briefer. Taught by preceptor and college to write prescriptions, I can only point to the more prominent parts of office dispensing in this short paper. Some of the given reasons may be much more potent under some circumstances while under others much less powerful.

I shall discuss this subject under the following heads: 1st, reliability; 2d, eligibility; 3d, substitution; 4th, accuracy and 5th, cost.

There are many firms who manufacture drugs but are not careful nor mindful of the proper and reliable standards in given preparations.

When a formula has been found beneficial as a remedy there is always some person or firm who desires to copy and receive credit, and also secure profit by under grading such preparation. The therapeutic value of a drug is determined by the results it produces when administered to a patient. While some preparations of drugs will detoriate under the best of care, it behooves us to know that we have a thoroughly standardized drug or preparation. We want drugs that are tested by the most efficient means and only those that in our own hands have proven their value as remedial agents.

We, as physicians, have no time to apply a chemical or a physiological test to any given drug or preparation at the bedside of a patient, so of necessity we must rely upon the integrity of the manufacturer. We must have and use drugs that will give results. I know of no better plan to secure this end than that of familiarity of drug and preparation.

This era of elegant pharmacy has practically solved the question of eligibly dispensing many of the bad tasting and nauseating drugs and medicines for the dispensing physician. The entire list of drugs has been carefully investigated by chemist and physician along this line and he who wishes to dispense his own medicines need have no fear of the preparations that are compounded behind the prescription case. He has the means in his reach to readily dispense as elegant preparation as the pharmacist.

The evil of substitution is the most insidious and diabolical fraud that is or can be perpetrated upon patient and physician. Perhaps this reaches too many of the manufacturers of drugs and chemicals as well as to the unscruplous pharmacist, I doubt if we have as much cause as physicians to charge the average druggist in the smaller towns and country sections as we do those in the larger cities, especially the "cut rate" firm with substitution. We have abundant reasons to avoid the "cut rate" firm, either wholesale or retail, who flatters his patrons with "something cheaper" as well as

"just as good." Many dealers in the small towns are imposed upon by the smooth salesman who tells a good story of his firms' line of drugs and thereby places in the druggist's stock inferior preparations. Most druggists have not the time to study the mode of preparation of many drugs and medicines used in their business, and are frequently deceived in regard to the superiority of some "new process" preparation. While many pharmacists do not intend to deceive it is not until the physician has failed to secure the expected results from the drug that the truth of substitution has been brought out.

Accuracy in dispensing given portions of a drug can no longer be a reason for not preparing one's own medicine at the office. The standardization of drugs, eligible preparations, late refined and accurate processes of making tablets and triturates have tended to make it safe and easy in dispensing.

While office dispensing will cause an increase in the investment of the physicians means, it carries with it no extra expense to patron. While each physician will have his own ideas as to the cost to himself and patient we will all at least concede a better understanding of the drugs we use.

What results may we expect? We many times find it necessary to conceal from patient the exact remedy used which a written prescription would reveal, and as this fact would be probably evil in its import, we can best avoid such results by our own dispensing. This brings a feeling of security to the physician as he knows the grade of medicine his patient is using. While many drugs accomplish a similar end, but by a different manner, we often desire that end by a certain route, consequently we use a selected drug that meets that end. When a deficient drug is dispensed upon our prescription the results are poor, the patient is dissatisfied and the physician's reputation injured. There is no fast and tight rule to be followed in this matter. Experience alone is a safe guide and we must not listen to the "siren's song" of many of the drug salesmen who visit us to sell their goods.

I believe that dispensing from our office, as much as possible, will secure prompt and better results, lessen the poly-pharmacy craze, give us a better knowledge of drugs in their actions, a keener sense of our responsibility and more definite and better results.

EVOLUTION.*

The Evolution of Man, Physical, Mental and Moral—Its Hindrances and Helps.

W. L. SCHENCK, A. M., M. D.
Topeka, Kansas.

(Continued from October Issue.)

The hypercritical tell us Infinite Wisdom would not have taken this long way up the ages, but with a stroke of omnipotence would have made all worlds perfect, and man endowed with all wisdom. Perhaps, God could have made a better earth and a better manhood. The gentle English Fisherman, as he wandered along the stream, where the wild berries grew, said to himself, "Doubtless God could have made a better berry than the strawberry, but doubtless God never did." So He might have spoken into existence a perfected earth, and made all living forms with their countless cells differentiated into organs, and into each and all, breathed the breath of life, and into man a spirit life, made not simply in his image, but possessed of all his fullness. For ages such was supposed to have been His plan. But science, like the colored deacon began to question, and when his preacher said "God made man out o' mud, and set him up agin de fence to dry;" the deacon cried "Hold on dar, parson, who made de fence?" And theologians have repeated the parson's reply, "Dar must be no unrevrent terrogations in de pews." They might put out Gallileo's eyes, but they could not stop the moving worlds.

Whether at the beginning there was one or many atoms of protoplasm, we know not, and so when animal life first appeared, we know not, whether there were many animal cells or a single monad. The lower the form of life, the more abundant its reproduction, seems a universal law, a compensation for its feebler protective powers. So we may rationally infer that the All-Wise produced many unicellular lives to contend with the environment of the early earth, and the obstacles to be met with in their long way up the ages. Countless oceans intervened between the first life and the production of the "cave-dweller," and ages between him and written history. But the evolution of manhood should be in direct proportion with its development. Not many hundred years have passed since

* Read before the annual meeting of The Kansas Medical Society, May, 1904.

Celt and Saxon were barbarians. Adam Bede tells us that humanity made greater progress during the last century than in all the preceding years. Tolstoi has said "Russia will quickly take her place among the highest civilizations." She may through the stimulus of their example advance rapidly, but all progress is evolutionary. Many believed the negro of our southern states, would, when given freedom and the elective franchise, quickly take his place as an American citizen. Booker T. Washington is a prophecy of whahe may become, as Job, Isaiah, Socrates, Christ, and other monumental souls were the prophets and stimulants of the human race. But barbarians for ages, and slaves for generations, slavery in many instances being more debasing than barbarism, progress in the negro must be evolutionary, and crossing races will not stimulate development—an incidental argument for separate race development.

Many believe that the slums of the old world that are being emptied on our shores will be Americanized as soon as planted on our soil, and naturalized. We may stimulate their evolution, but it will require all the strength of our civilization to prevent a backward wave.

As already stated, doubtless there were many primordial cells, which developing under different environment evolved all the varied growth of forest and orchard, vineyard and garden, clothing the earth with beauty, variety and vitality. And so man and all the higher forms of animal life, having been evolved, not from a single monad, but from germs as numerous as the spawn of the fish, so that tossed to all lands by earth's early convulsions, enough were preserved to develop all its present forms of life. All down the ages antiquarians and historians have sought to account for the races of man. Moses wrote that 1666 years after the creation of man the whole human family, save Noah and his household, were destroyed by one of the early deluges of our planet, and after the days of Nimrod, (three generations from Noah), when "The whole earth was of one language, and one speech," and before the time of Moses, less than a thousand years later, Egyptian, Ethopian, and various races had been differentiated. Moses was an inspired teacher of moral science, but of other sciences he spoke only the wisdom of his age. In his account of creation, Moses took the short cut, and had all things made as they now are in six days. Following his example, evolution may cut the Gordian knot of race creation, and man in America.

If the monads from which all the higher forms of life sprang

were many, and were borne to all lands by the convulsions that constantly changed the geography, and made the history, of the early earth, then, a monad could as readily have developed a sufficient number of cells in the gray matter of the brain, to correlate perceptions among the valleys of Hindostan, on the islands of the Indian ocean, in the tropic regions of Africa, on the rich soil of America, as among the mountains of Caucasia, and different environment might well account for Mongol, Malay, Negro, Indian and Caucasian, and for the difference in their development, and solve the problem of races among men. And this seems the only interpretation of the account given by the great Jewish historian, when he tells us Cain became a fugitive and a vagabond, and fled to the land of Nod, where inferentially, he found a wife. He further says that "The sons of God came unto the daughters of men, and they bare children, and the same became mighty men." The Jewish conception was Adam, Abraham, Isaac, Jacob set apart by their God for special purposes, or as we would express it in modern phrase, as great land marks in the evolution of the race.

When man became man, and began to think and reason, we may never know, but his history is the same among all races and in all lands. He was everywhere impressed with the fact that there was a power higher than himself. What he failed to comprehend he deified, and what he thought could injure, and he saw harm everywhere, he sought to placate with offerings and adulation. His gods were the sun that could burn, the lightnings that could strike, the ocean that could drown, and as in the Homeric gods, all the base as well as the nobler passions of man. Slowly he learned to adore an infinite Jehovah. Evolution was the great thought in creation; reconstruction and re-adjustment, its methods of progress. The atoms of every complex organism are constantly destroyed by its activities, returned to original elements, and eliminated from the body. Evolution demands their reproduction in more perfect form and force. When an organism has served its purpose, through processes of fermentation and oxidation, it is returned to dust. Thus nature prevents intoxication from within and from without, and provides for progress. Death and life are alike her handmaids. Nature gives the aesthetic taste that abhors the accumulations that constitute sewage. The return of organic matter to earth formed and renews its soil, thus clothing it with beauty, and providing for fruitful harvests, and stimulating progress. Why the beautiful in nature and art delights the eye, and uplifts the soul, we may not know, but we do know it is one of the sweet tones of His voice who

sits within "The gate beautiful," and ever whispers, "Come up higher."By His wonder working laws He provided for all the color and variety that baautifies the earth. As light is separated by the rain drops, painting the rainbow, so by the varied forms of cell life, the opening buds, the blooming flowers, the dying petals, the forming and fading leaves, the constant change of elemental matter and form, there is in every varying beauty throughout the whole earth. Color is one of God's methods of uplifting the soul of man. "All nature is holy ground and every bush afire with God." The uplift of humanity demands that all cities should abound in well kept public parks. Re-adjustment and reconstruction are nature's method of progress. While no atom or force of earth is lost, everywhere there is orderly change and development.

Beholding more and more the beauty, the wisdom, the love, the perfection of God's laws, man has slowly ascended the scale of being, until he has become co-worker with Him, making the lightning his handmaid, and the upper ether his highway, reaching ever onward to a grander future, and until we reach His perfectness we need not weep for worlds to conquer.

> "As we surpass our father's skill,
> Our sons will shame our own,
> A thousand things are hidden still,
> And but a hundred known."

In medicine, as yet we only "Pay tithe of mint, and anise, and cumin, and have omitted the weightier matters of the law." We exhaust our energies in demonstrating the evils of unsanitary environment, in diagnosing pathogenic germs, in discussing auto-intoxication, and in learning how to cure disease,—all very important—but we neglect the evolution of stronger lives, capable of resisting the varied causes of disease. Some one has said: "If you are harsh, and unkind, cruel and unjust, you are injuring the delicate fibre that must be woven into the world's judgment role, as by every brave and cheerful effort, you are reforming, uplifting, renewing, inspiring hearts and souls you never knew." Much more, by transmitting with an improved heredity a microscopic atom of productive protoplasm, are you providing for the transmission of stronger, sweeter lives, greater moral courage, and a true insight into all that pertains to health, life and happiness.

HINDRANCES TO EVOLUTION. (Afternoon Paper.)

The eternal energy tends to elevate and uplift. "Man alone is vile." The nicotine of tobacco, the acroline of the cigarette, the co-

caine and morphine and alcohol of those who become uctinus to their action. Evil habits, vitiated appetites, debased passions all tend in different degrees, the generation of a race of viscious degenerates. If asked what has been the greatest hindrance to evolution, there would be such replies, as race problems, industrial explosions, population congestions, mal-education, etc., and a majority, might answer intemperance. Not long ago I heard a minister of Topeka say, "If I should ask the congregation what is the greatest thing in the world, most would answer love, I stand here to say that law is greater than loΔe." Is the thing created greater than its creator?

Intemperance is the result of moral weakness and moral weakness springs from vitiated will power, hereditary or acquired, and will power depends largely upon the integrity of the cells through which it acts. Back of this debasement lies the body, through whose instrumentality, during the life that now is, are all spiritual activities. Mal-education may teach that intoxicants are stimulants and food, and the habit of using them with the hope of gaining inspiration, courage and strength, may lead to the common habit of dodging behind their anesthesia for relief from the varied ills of life, real or imaginary, weakening that vital element of the soul, the will, whose control lies in its proper use, and whose strength is developed by resisting evil, until there comes as rational sequents to the poor besotted dodger, a debased moral sense, a corroded conscience an erroneous correlation of impressions, through a degenerate organism, and hence erroneous conclusions, temporary insanity, tending to permanent forms and to imbecility with disease in various organs of the body and the differentiation of debased reproductive cells, a debasment that reaches forward forever. Thousands and thousands die of alcoholism and its degenerations, but fortunately for humanity it rarely develops except among the "four hundred" class, and booze vendors, early enough to affect descent. We have all inhaled the fragrance and enjoyed the beauty of flowers and wondered how nature could produce them out of the soil and the filth of the gutter and the sewer. So we have wondered how from our debased and debauched humanity there has been evolution or perhaps have complained that it has been as "slow as the ages." All evolutionary processes are governed by laws whose violation retards progress. On many lines there is now and always will be opportunity to help it forward by discovering the laws and the best means of enforcement, and on many lines philanthropists have done what they could. We will only discuss one hindrance, perhaps the

greatest of all, and the most neglected, and one in which the medical profession should lead the way.

UNGOVERNED LUST.

The development and transmission of debased somatic cells lies back of, or leads to, all forms of physical, mental and moral degeneration. It has been said that "the man is in the boy," but the boy was in the protoplasm from which he developed. The disease and debasement of alcoholism are apparent, but who shall measure the degeneracy of our unbridled animalisms? Great and far reaching as are other hindrances to evolution, no other factor in the life of man has so debased humanity, and held it back to its animalisms, as lust, which lays at the foundation of life. It begins in the reproductive protoplasm differentiated in degenerated sexual organs, in a weakened manhood, often developed and perpetuated by habits commenced long before children understand the meaning of sex. Because this is a delicate subject to discuss, and through fear that enlightenment may prove suggestive rather than preventive or corrective, and because the vice is so secret that it is difficult of detection, parents, teachers and physicians have, as a rule, largely remained silent, or wholly ignored it. No subject that involves the uplift of humanity is too delicate to be avoided. We do not hesitate to consider all others that involve the evolution of the race, and no other, in its debasement and boundless reach, ia of great importance.

How early, an unhallowed sexual education begins it is difficult to know. Nurses, to quiet infants under their care have titulated their sexual organs. Parents, thinking children do not know the difference in sex have put boys and girls in the same bed, where through instinct or the suggestion of those who are older, they begin to cultivate sexual passion. Much more common is the debasement of self-pollution, taught by older to younger children, before either comprehend its meaning, while both know enough to conceal the practice. This vile and disgusting habit, more common among boys than girls, but too common with both, so weakens the will, and dominates self-control, though oft and again, its victims solemnly pledge themselves and their God that they will reform, they break all resolutions, and "like the sow that was washed return to the wallow." So persistent does the habit become, so weak the will power, that if consulted, the physician often says, "tie his hands behind him."

The base gratification of lust being a secret vice, it is difficult to

measure its extent, but everywhere, through all ages, enough has been revealed to guide judgment. In 1848-9 I attended a post-graduate course in Philadelphia and heard Prof. Chapman, who saw so much of licentiousness in his specialty, say to his class "There is no such thing as virtue. It is a myth." While I do not agree with him, I do not wonder that he lost faith in chastity.

Unbridled lust has held back evolution all down the ages. Everywhere it has been the sin of humanity. It fills all history. In slavery days in America, its reign was marked throughout the south. On plantations and in cities mullatoes and quadroons abounded. Then, as now, a colored man known to have had connection with a white woman was hung or shot, while for a white man to co-habit with a negress was considered a small offense. The faded color told the race of the sires of thousands of slaves. Mormonism, and the Turk with his harem and his heaven a harem, are examples of lust that will not be satisfied with monogenesis. Both, however, are improvements on the lusts of slavery, for they care for and educate their children, while it begat chattles and sold them into perpetual bondage. But with all alike if they inherit the cultivated weakness of their sires, their descent is imbruted. History, sacred and profane, is filled with their details, from the unhallowed embrace of Bethsheba by the poet King of Israel, who to conceal his crime commanded "Set ye Uriah in the forefront of the battle and retire ye, that he may be smitten and die." Came Solomon and it took 900 wives and concubines to satisfy his lusts. How many descendants he had from all of these wives, history has not recorded. Very likely Corporal Trims complaint against the town bull was often true in his case. But whatever his descent, with all his wisdom, his son, and his son's son, who ascended the throne of David were first class fools. Alas! Libertinism did not die with them, or with slavery, in all lands it still survives and too often, at best, uses the marriage bed for the beastly indulgence of a passion given for the pro-creation of a nobler offspring, whose physical organism should be the fit habitation of an immortal spirit. Such a life begets not only a deteriorated offspring, but fortunately or unfortunately, limits its number.

In a recent paper by Dr. Shrady, published in the *Medical Record*, he says "Motherhood is becoming obsolete in this country."

The first generation of Americans after the colonization of New England had families of ten or twelve; the second, third and fourth generations had families of six or seven; the fifth, families of four and five, and the sixth, families of three or less. The result is, that

275 years after the landing of the Pilgrims the stronghold of Puritanism is not upheld by the ever declining American, but by the Irish, German and French Canadian. If the birth rate had been at its earlier rate, and there had been no foreign immigration at all, Mr. Watson computes that there would have been 100,000,000 people in the United States today. There are only 76,000,000, even when all the negroes and foreign immigrants are included. For this degradation, the doctor assigns as the chief cause, "The woman of this country whose ancestors were born here, is generally averse to bearing children. She is, as a rule, of fragile make, nervous temperament, and far more intellectual than are women of other nations, but with her growth of brain power, she has declined in physique, and maternity with her, is an ordeal to be dreaded, and averted if possible. Thus, it probablyhappens that the birth rate among native born Americans, is continually decreasing."

Doctor Shrady very properly says, "Thus it *probably* happens," but far more probably from the fact that co-habitation is largely for the gratification of lust, and not for the pro-creation of offspring with a nobler evolution. Studying how not to pro-create, and by the use of preventives and abortives, evolution is prevented in the children that escape, and the health of the mother often ruined forever. Our mothers who helped subdue the forests of America had not only a healthfulness, but a moral and physical courage, that is exceptional in the present generation of American women. Life must be protected at its origin; the somatic cells from which it springs, possess inherent power to transmit ancestral strength or weakness. In ages past, progress was chiefly the survival of the fittest, strength, speed, courage, being the chief factors. When development had progressed until directed by an indwelling spirit-life, capable of controlling the re-productive functions, and all other animalisms, evolution should outstrip all preceding ages, but it has not always done so. Emerson once said of one of Earth's intellectural giants, "All the drops of his blood have eyes that look downward." Alas! too true of many of a race whose eyes should ever look upward. Mark said of the Master, when He was out on the mountain fasting, "He was with the wild beasts, and the angels ministered unto Him." When man yields to his appetites, passions, lusts, the drops of his blood look downward, when he controls these "wild beasts" there will be ministering angels and an improved posterity.

It is a law of all life, and of all the organs of the body, each being an aggregation of differentiated lives of like function, that development is in line with their activities. Healthful and progressive de-

velopment from healthful activities, and retrogressive or mal-development, in form or function, from improper use. The differentiation of the reproductive cells is the result of the combined activity of the whole organism, and to this end organisms are created. While they transmit the characteristics of every part, their production is the special function of the organs of generation, and while almost all parts of the body are under the control of the will, and the direction of the nervous system, this is markedly true of them. If the will is persistently weakened through unhallowed lust, it may become practically nil. Through the constant gratification of his lusts, man sinks below the level of the beasts, for he uses his intellect to make provision for their gratification. The erotic passion in all life below him, is indulged for the purposa of pro-creation, and sexual connection is only permitted by the female, when it is possible. With man it is often far otherwise. The intelligent breeder is careful about the mating of domestic animals. Man, is not unfrequently governed by fashion, fancy, title, money, lust, especially lust. Whatever welcome awaits the newborn babe, however strong the parental love and great the care for its future development, it is blood of their blood, and inheritor of the depravities, they have nourished. Man, must not only show his regard for posterity, by providing for its development after birth, but must place himself in harmony with evolutionary forces by proper mating, and the subordination of sexual life to this highest function of humanity.

The creation of a speck of protoplasm endowed with power of recreation and evolution, the prophecy of a life through which spirit acts was more protentious than the creation of all the worlds in infinite space, and however grand the life of man, it has no sacrament more sacred, or of greater import, than the re-creation of a life, that may possess the stored forces of all the past, and transmits them, improved, not impoverished, to posterity; a life born to honor and renown, or to degredation and debasement, and the sacredness increases with each progressive step in humanity. Self conscious personality was evolved not that man might live for himself alone, or for his age, but that through a transmitted and transmuted organism he might uplift humanity. In no other way can he more fully "Glorify God and enjoy him forever." If since his evolution, man had controlled his lusts in the interests of humanity, he would long since have eliminated most of the disease, sin and crime, with which he is burdened, and we can scarce imagine his intellectual and moral status. While we cannot undo the errors of the past, and while we realize more and more fully, our duty to the present in

prevention, protection and education, for those born into the world, as an old time friend of mine, a Scotch professor was wont to say of dull students "Ye canna mak a mon o' mud." The climax of the work of the Creator was the creation of man, the climax of the life of man is his re-creation. The world has a habit of calling mesalliances, made for social position, for money, or the beastly gratification of lust, by the sacred name of the most ennobling attribute of the human heart—Love. Hogs and dogs have lust. Love is a sentiment of the soul. It is the most tender, beautiful and exalted manifestation of human life. It rejoices in another's joy; it is thrilled by another's aspiration and exaltion. Love is spiritual, lust is carnal. One is a prophecy of what man may become. The other holds him back to what he was. One of the greatest among mortals, has said, "There is a law in my members, warring against the law of spirit, and bringing it into subjection to the law of my body. This is a sin." Sexual love has in it, the element of carnality, implanted for the procreation of the race, but the spirit is given that it may be controlled in the interest of race evolution. To this end, those who minister to the body, must work in harmony with those who minister to the spirit, which while connected with the body, acts through its instrumentality, but aspires to higher than animal enjoyment. There has been much discussion about teaching religion in the public schools. Education must give the mastery over carnal appetites and passions, with the power to use every animal function for its development, power to make the whole material universe minister to its growth. It must awaken the mind to the perception, reception and appreciation of truth. To develop the intellectual forces and leave the moral nature debased, and the animal master, is to endow vice with power. Education must be for God and humanity.

Civil law recognizes that man in his degeneracy, fills the world with incorrigibles, derelects, disgraceful to humanity, dangerous to society, and hurtful to evolution, and it restrains his liberty. What can the medical profession do to prevent their creation? It would be well if physicians to all prisons and reformatories would make a a careful study of the underlying causes that brought the inmates under their care, not stopping with intemperance and unfortunate environment, but going back to the beginning; and it will hardly require a prophet's ken to predict that unbridled lust hereditary or acquired, was the direct or remote cause of most of the imbecility, insanity and crime that debase humanity. Prof. Starr, of the University of Chicago, says, "one in every hundred of English birth. and highest civilization, becomes a lunatic."

We have suggested as preventive, the proper mating of mankind, self-denial, purity of thought and life, making reproduction a holy sacrament; and the habits formed in early life leading to licentiousness, well nigh incurable when fully developed, and at best, leading to an undesirable offspring, should be prevented by the constant care and watchfulness of parents and guardians, which can not begin too early. They should see that the boy does not sleep on his back, in which position the bladder presses upon and irritates the vesiculæ seminales, that the bladder is emptied before retiring, that he has a proper bedfellow, retiring and rising with him, and that he is kept as much as may be in good company. As the habit often commences in early life, it may sometime be hard to tell what association is proper, but it is easy to know what is improper. Judicious and timely instruction should not be omitted. Circumcision has been recommended as preventive, but the history of Judaism is unclean. When the habit is fully formed it dominates the whole life, if not by masturbation, through other sexual sins not less gross. The only effectual remedy is to rebuild a lost will power, and this is more than making something out of nothing, for we must overcome evil before it can be replaced with good. Children should be kept as much as possible ignorant of sexual differences. Lustful thoughts and licentious books, with even hidden suggestions, often found where least expected, should be avoided as physical and moral poisons. The daily paper has become a fountain of foulness with its minute detail of all manner of debasement, and is hardly fit for any home, and even home magazines are sometimes Shakespearian in their suggestions. For example "*Camp & Plant*" a weekly journal on sociology, contains in a single issue "Wasn't that a silly thing to do," and "Certain maxims of Halifax?" To nurse foul thought is to invite it to mastery. To be pure in body we must be pure in mind. Farly marriage has been recommended as a proper preventive, but it is too much to ask any woman to wed an imbruted derelict, who would make the marriage bed one of grossest lust, and burden the world with a deteriorated manhood.

Treatment, is an opprobium medicini. Of course quacks and patent nostrums promise abundant cures. "Fools rush in where angels fear to tread." In a recent sermon on divorce, Cardinal Gibbons said "There is a social scourge more blighting, and more destructive of family life than Mormonism." Divorce and polygamy are alike evidence of a reign of lust. In all higher civilizations, monogenesis is the law, and husband, wife and children should make a sacred trinity and home an earthly paradise and the founda-

tion of states that will protect and uplift humanity. But the home too often falls far below its idealization. The physician who goes behind the scenes, and keeps its secrets, knows that divorce furnishes scarce half the record.

Intemperance is the curse of many homes, but it usually has as its associate unbridled lust, which stands first as a hindrance to evolution. The most brilliant imagination will fail to picture the lives born to debasement and mediocracy, that ought to have reached Homeric heights. Ever and anon down the pathway of life, reproductive cells have escaped ancestral sins and a Job, an Isaiah, a Plato, and a Socrates, a Paul and a Christ, an Esther and a Victoria have shown what manhood may be, should be.

The great question for us to solve is how can this source of human degeneracy be arrested, and human evolution be promoted and protected, and approximate perfection attained? Physicians in the interest of humanity have in many instances, traced the nidus of disease to its sources, and sounded the alarm to their patrons and the public. By patient pleading they have had laws enacted in the interest of health and humanity, too often made useless by politicians catering to medical sects, the caudal extremities of the profession, giving them control on all health boards, and so as the politician expresses it, making the "tail wag the dog," and the laws practically useless.

How many physicians have raised a warning note against the great sin and crime that holds back physical, intellectual and moral evolution? When all has been done that can be done, and man has descended to the level of the brute, and committed crimes clearly the outgrowth of his ungoverned animalisms, often an erotomania, as in the case at Hamilton, Ohio, where the brute Knapp assaulted and strangled numerous wives, women and little girls, there is a a remedy that is logical, humane and reformatory, sure and safe, and far more righteous than to electrocute, or burn at the stake by mob law.

To prevent other morbid conditions we remove the cause; why not do the same here? Among civilized nations the purpose of law is the protection of society and the reformation of the criminal. Unsex the erotic brute, and there will be no repetition of seduction, adultery or rape, by him, or the crimes growing out of ungoverned sexual passions, and no perpetuation through him of this criminal class; while the warning to those who live for the gratification of lust will be more potent than penitentiaries or the gallows. And why not? I know of no reason, and unless it may be that some law-

maker may fear the remedy may be applied to him. To arrest degenerative processes in organs hidden away in the abdominal cavity of woman, she has been unsexed without scruple. The allied organs in man, easy of access, have often enfeebled his will, destroyed his moral sense, dominated his life, visited the iniquities of the fathers upon their children, arrested evolution, and been the potent factors of all manner of disease, vice and crime, and yet they are held sacred.

It may be urged that it will convert men into useless drones. Better that, than permit them to go about, "like a roaring lion, seeking whom they may devour," filling the world with their kind. But castration turns the vicious horse and the dangerous bull into the useful gelding and the patient ox, and the gelding often wins the the race for speed and endurance, and the ox improves in usefulness and longevity. Castration in man, has at least the approval of the great Physician. We read in the record of His life, "And the Pharisees came to Him tempting Him, and saying, Is it lawful for a man to put away his wife for any cause? And He answered them, Have ye not read, that He, who made them in the beginning made them male and female?"

"And they said, Why did Moses command a writ of divorcement?

"I say to you that whosoever shall put away his wife, except it be for fornication, and shall marry another, committeth adultery. And his disciples say unto Him, If this is the case, it is not good to marry.

"And He said unto them, There are some eunuchs which were so born; and there are some eunuchs which were made eunuchs; and there are some eunuchs which have made themselves eunuchs for the kingdom of heaven's sake."

And the record shows that eunuchs are not necessarily ciphers. "Behold a man of Ethopia, an eunuch of great authority, under Candice, Queen of Ethiopia, who had charge of all her treasure and had come to Jerusalem to worship."

That misguided and ungoverned lust dominates mankind more than any other evil, and that it has been the potent factor of unmeasured diseases, manifold and transmissible, of unnumbered crimes, and the great hindrance to the evolution of a better manhood, is too evident to require argument. Whilst prevention and remedy are difficult, they emphasize the importance of a more thorough investigation, and demonstrate the necessity of laws that will more positively restrain this class of degenerates through the application of the only efficient remedy. To those who have been convicted of

such grave crimes as incest, seduction, criminal abortion, adultery, rape and murder, sequents of unbridled lust, for whose punishment we have scarce questioned the righteousness of imprisonment and the gallows, the remedy is simple, safe and sure, and will secure the protection and uplift of society.

Evolution has revealed to the world an infinite and eternal energy, as Herbert Spencer has called it, existing in all His works, that looks forward and upward forever, and books no violation of its laws, and as far as we know humanity is its highest expression. The higher life of man demands all its opportunities and possibilities and the suppression or removal of all that retards, debases, or degrades. It is ours, to put ourselves in line with this evolutionary force, and by what means we may help it forward to its grandest achievements, its noblest results.

---

*THE EYE IN GENERAL DISEASES.

J. E. MINNEY, M. D.

Topeka, Kansas.

The intimate relations existing between the brain, nervous, blood and lymphatic systems, and the eye renders the latter organ subject to the same diseases. The delicate structure of the two inner tunics of the eye, with their rich supply of blood vessels and nerves favors the eye, as a situation for lesions, in connection with disease of the systems mentioned. The blood supply to the fundus of the eye is derived from the internal carotid and from the whole circle of Willis.

The inner coats of the eye contain motor, sensory and sympathetic nerves and ganglia.

"The membranes covering the optic nerve pass directly into the cerebral meninges, at the optic foramen, to whose upper wall the nerve is quite firmly adherent. Hence the subdural and sub-urachnoid spaces of the optic nerve communicate with the corresponding ones within the skull.

"The lymphatics in the brain are mainly perivascular and accompanying the veins. They leave the skull through the carotid canal, the jugular foramen, and with the vertebral artery to the upper deep cervical glands. The outflow of lymph in the subarachnoid

*Read before the Annual Meeting of the State Society at Topeka, May, 1904.

and subdural spaces of the optic nerve and the current of lymph in the nerve appear to be directed toward the crainal cavity. If an injection is made, under moderate pressure, into the tissue of the nerve in a direction toward the crainal cavity, the fluid does not pass beyond the chiasma into the tractus, but transversely across the anterior half of the chiasma to the otheroptic nerve, along which it runs in the same way as if it were directly injected in a centrifugal direction. The injected fluid extends furthest forward in the axial bundles of the second optic nerve."

This explains the fact that inflammatory processes, whether infectious or non-infectious, may spread from one eye to the other without giving rise to notable cerebral symptoms. This is true, not alone of so-called sympathetic ophthalmia but also of an entire series of inflammatory affections, especially of the choroid. The lymphatics of the orbit connected with Tenon's capsule empty mainly into the deep glands of the face. The lymphatics of the lids and conjunctiva pass into the glands in front of the ear and below the inferior maxilla.

In studying these anatomical facts, it can be seen why the eye is seldom the starting point of a general disease, but that certain classes of general diseases affect the eye. Again the character of a brain lesion is more often determined by the appearance of the eye than its location. Hyperæmia or anæmia of the brain is not necessarily accompanied by hyperæmia or anæmia of the fundus of the eye.

Numerous ophthalmoscopic examinations of the insane shows no constant findings, evidently due to the semi-anatomical independence of the eye.

Nevertheless the physician is often helped to diagnose a general disease and determine the treatment by the opthalmoscopic findings. An eye lesion is sometimes the first notice a patient has of Bright's disease, diabetes or some form of nephritis or heart lesion. Not because the condition could not have been found out by some other means but from the nature of the disease not causing the patient but little or any great discomfort. When these eye lesions appear the general disease is well advanced and often proves fatal. Hemorrhage of the retina, due to Bright's disease, is an indication of dissolution. An examination of the urine should always be made in case of cataract. One-sixth of diabetic patients have cataract. Such cases are operated on when the patients are in fair physical condition, but the prognosis for success should be guarded and there is great danger of panophthalmitis with subsequent enucleation of the eye.

A general disease cannot be named with certainty, from the appearance of the lesion of the eye. For example, there are ruptured retinal vessels, hemorrhage in the retina, with tortuous blood vessels, some exudation in the vitreous, etc. It cannot be said definitely, This is a case of diabetes or albuminuria, or heart lesion or nephritis, but it does point to a serious trouble in the circulatory system. There is a choked, woolly disc, optic neuritis. Is it caused by syphilis, la grippe or wood alcohol?

Syphilis stands at the head of the list in causing disease of the internal coats of the eye.

Better results are obtained in the treatment of syphilitic eye diseases than eye lesions from any other general disease. When the iris is inflamed suspect syphilis. When the uveal tract is involved suspect syphilis. When you have some obscure eye trouble with failure of sight, suspect syphilis;examine the urine, if negative, use atropine locally, K. I. internally and get results.

The eye symptoms in brain and cord lesions are legion.

Eye lesions from trauma of the skull and brain are numerous. Many of these symptoms or conditions of the eye are transitory and misleading. The permanency of an eye lesion, from disease of the brain or cord or from trauma, determines its seat of origin.

These dogmatical remarks have been made to open discussion; to claim that the eye is a means or help in diagnosing many general and some specific diseases; that where the uveal tract, retina or optic nerve or mediæ of the eye is involved it is imperative for the physician to make an exhaustive and thorough examination of his patient. This examination must include, if need be, the whole man, his excretions, secretions and fluids.

DISCUSSION.

Dr. Alkire:—I don't see that the doctor has left very much for us to find fault with or criticise, if anything at all. I was very much pleased with the paper for this reason, it is an effort to impress upon the minds of those present who do not already thoroughly understand it, that the eye is not an independent organ, that it is not a little optical apparatus all to itself, but that it is a part of the body just as much as any other organ of the body, and that it is subject to disease through the influence of diseased conditions in other parts of the body. This is a point which I believe that specialists are inclined to ofttimes overlook or disregard, and consequently place too little dependence upon the general medication of the patient. On the other hand, the general practitioner does not place enough dependence upon diseases of the eye as related to other parts of the body.

DR. MINNEY—Another point that I wanted to get at is a great deal of old straw is threshed over in the effort to reach a point, which is neither interesting nor edifying, and if we can boil a thing down, and give a few original thoughts, it is more acceptable and much more is accomplished. In the treatment of the eye we find that we use a great deal of medicine. Some don't believe in medicine. I do, in its place. The general practitioner uses it, and so must the specialist. If we neglect the internal medication, we fail. For instance, we have a case of neuralgia, regular old "brow ague." The location of the pain is in the eye. Quinine, and plenty of it, relieves the case. And where we suspect syphilis, and this is probably the cause in the majority of cases where the deeper structures are involved, our anti-syphilitic systemic treatment is indicated. This disease is increasing at such an alarming rate that the American Medical Association is taking action in the matter to see what can be done to better the existing state of affairs. Yet we find that there is no disease which yields so readily to treatment as syphilis. I got the impression when I first started out, I got it from the far east and they are not as practical as we are now, that we could definitely locate and diagnose certain diseases by the use of the ophthamoscope. I find it a great help, the same as you use a fever thermometer or test the urine; so the ophthalmoscope is a great help to us in making up a diagnosis. However, I know of no general disease of which we can say that it is thus and so, simply from the eye, nevertheless, it is a great aid to us in diagnosis.

Dr. Charles E. Elliott died at Wellington, aged 70, on October 8. He was a graduate of the Cleveland College in 1869.

"A KANSAN AS PLAGIARIST."

The quotation from *The Texas Medical Journal* under the above caption in our last issue brought us from Dr. William B. Dewees of Salina, a threat of a libel suit unless we should print his answer,—in spite of the fact that we had not mentioned his name. Now, we wish to be perfectly fair, and besides, your editor does not receive salary enough to pay counsel in a libel suit. Therefore we publish the pertinent part of said "answer" (which is in a printed double column 2½ pages long.)

After noting the fact that he had written Dr. Daniel threatening him with a libel suit unless he retracted his statements (quoted in our last issue) and stating that Dr. Daniel had paid no attention to

his threat, Dr. Dewees reproduces an affidavit from a Mr. T. A. Cordry, editor of *The Salina Evening Journal* to the effect that the latter had Dr. Dewees' manuscript in his possession before March 24, 1904, and that he delivered the printed pamphlet before April 30, 1904. [Dr. Daniel read his paper from printed slips before a medical society on April 27 and published it in the May issue of his journal. Dr. Daniel says that he received Dr. Dewees' pamphlet, July 10, 1904.] Dr. Dewees then goes on to say:

"Take the foregoing affidavit which establishes the fact that my paper was published about the middle of April, and the further fact that the Daniel paper was not published until about the middle of May, the fair-minded reader will see the utter impossibility of my using any of the last named paper, but that the opportunity was given for Daniel to use whatever he chose of my paper. I shall leave it to the reader to judge as to who is the most likely to be the plagiarist.

"A word in answer to the wrathy comment of this Texas Wonder upon the typographical error in my paper. By this comment is evidenced that this most wonderful Daniel is a sciolist. For, indeed, a small school boy or a printer's apprentice has the knowledge in syntax to know that what is said about Anne Boleyn in my paper is placed between dashes which puts it only as an interpolation, and in no wise or manner as a part of the sentence referred to Tamora, the queen of the Goths, the Empress at the Roman Court, and Aaron, her black paramour.

"This erroneous interpolation was not noticed until the first one hundred or so of the edition of the pamphlet of my paper were mailed, after which every copy was carefully marked in red ink correcting this error, before mailing it. Daniel having received a copy of the first mailing must have had it in his possession before the 20th of April, which allowed ample time for making use of my paper since he read his paper on April 27. It is not for me to say that he did so, but let it suffice to say that by his action in writing and publishing the said libelous editorial he has shown beyond all doubt or cavil how great an ass an old fool can make of himself.

'Well, heaven forgive us all?
Some rise by sin, and some by virtue fall.'

Salina, Kansas, October 10, 1904. WILLIAM B. DEWEES."

Whether this answer convinces or not is of small concern to us; we have aired the charge of flagrant plagiarism and the reading public must act as jury. Dr. Dewees' explanation of his literary reference is very interesting and instructive. A more important matter however, and one to further which each of the contestants in this case will yield his claims of priority, is the subject touched on in the two pamphlets. We wish that our readers would run through Dr. Schenck's paper on the general subject of sexual morality in this issue and note his recommendations. Wouldn't it be better if the criminal were castrated? Can we as physicians really accomplish something in promoting the solutiou of this problem of sexual hygiene?

Dr. W. E. Buck of Pueblo, Colo., spent a few days with old friends among the doctors of Kansas City, Kansas, this month.

THE SUPPRESSION OF TUBERCULOSIS.*

Professor von Behring, of the University of Marburg, delivered an address on this subject before the annual meeting of the Naturforscher in 1903, at Cassel. In it he made some important statements now rendered accessible to the American reader by Dr. Bolduan's translation. Some of these statements are:

(1.) Tuberculosis Pulmonum is seldom if ever acquired by the inhalation of bacilli or by the direct infection of the lungs. On the other hand a partial intoxication precedes such infection and the lungs are infected secondarily to other tissues.

(2.) The most important source of infection is the diet of the new born. This is true because the digestive tube in the new born lacks that development of the epithelium which makes it act as a dializing membrane. On the contrary the epithelium in the infant is only a poor filter and bacilli pass easily into the blood from the intestine. Circulating in the blood the bacilli gradually intoxicate the tissues, and unless the vigor of the body is fully maintained, an infection of the lungs follows.

"Recognizing the significance of the presence of Koch's bacillus and applying all other known methods for the identification of tuberculosis, Dr. Naegeli of Zurich, working under the direction of Prof. Ribbert, was unable to discover at autopsy a single body over thirty year old in which there were not some signs of the occurrence of a tubercular infection. Between the ages of 18 and 30 there were 96 per cent.; between 14 and 18, 50 per cent.; between 5 and 14, 33 per cent.; and between 1 and 5 years, 17 per cent., which showed the presence of tubercular lesions. In the bodies of infants under one year, on the other hand, definite tubercular lesions were invariably absent." Hence, since all of us who are adults are tubercular, it is impossible to segregate the disease. Thus the foolishness of trying to forbid the use of public conveyances to the tubercular!

The book deserves reading, especially here in Kansas, where the climate is so severe on the respiratory tract. HOXIE.

*THE SUPPRESSION OF TUBERCULOSIS, by PROFESSOR E. von BEHRING, University of Marburg, translated by Dr. Charles Bolduan of Brooklyn, N. Y., New York, 1904, John Wiley & Sons, pubs. 12 mo., VI. 85 pages. Cloth, $1.00.

Dr. Charles H. Crooks of Wyandotte county, is on the way to Lakawn, Laos, Siam, where he expects to practice for a few years.

LIQUIOZONE.

October 12, 1904.

To the Secretary Douglas County Medical Society, Lawrence, Kas:

Dear Sir:—At the request of your society, I have made an examination of a sample of Liquozone, brought to me by your representative, Dr. E. Smith. The bottle when opened smelled strongly of sulphur dioxide.

The solution contained:	per cent.
Sulphur di-oxide,	0.24 by weight
Sulphuric acid, free and combined	0.76
Total solids, (mineral matter)	0.034

Upon evaporation of about two ounces it gave a teaspoonful of a thick, highly acid solution, which upon being heated still more gave off sulphuric acid in abundance. There was a small quantity of organic matter in the sample as was shown by the blackening of the free sulphuric acid solution when concentrated.

The mineral matter contained some iron oxide, alumina, lime, and soda, combined with sulphuric and hydrochloric acids—about the constituents of ordinary water. A solution similar to Liquozone would be made by passing sulphur dioxide gas into water; if this was exposed to the air, some of the sulphur dioxide would, with the water, form sulphuric acid.

Yours truly,

E. H. S. Bailey.

Society Fees—Our Treasurer should no longer have to collect the membership dues from any except our component societies. In other words he keeps books not with the individual members but with the local societies. Each society is assessed two dollars for each member reported. Secretaries of local societies should see that their reports tally with the treasurer's receipts. No one should now be able to get into our society except through membership in his county society. If there is no county society then he should organize one.

Malpractice Suits—Now that our State Society is becoming strong and financially able, why would it not be in order for it to undertake the defense of any members who may be brought into the courts for malpractice? Why need we pay an extra fee to some insurance company for this service? New York State has tried this plan successfully.

School of Medicine—Do the readers of this JOURNAL, who are of course the best physicians of this state believe that it would be for the best interest of our profession to establish a full medical school in connection with our State University? Let us hear what is really thought by the physicians of Kansas.

Drug Counterfeiting—In New York an immense trade in counterfeit drugs has just been run to earth and the promoters arrested, operated chiefly under the name of The Globe Drug Co. The drugs were not imitations but counterfeits. The principal drugs involved are:

AA—Aspirine "Schleirin" 1 oz. envelopes.
SS—Lactophenin "Schleirin" 1 oz. cartons.
O—Thiocol "Scheirin," 1 oz. bottles.
U—Aristol "Bayer," oz. cartons, (see Thymodol-Bayer and iodothymol.)
Q—Benzosol "Hoff. La Roche," 1 oz. envelopes.
T—Creosote Carb, "Von Heyden," 1 oz., 4 oz., 8 oz., and 16 oz. bottles.
V—Chloralamid "Schering," 1 oz. cartons.
P—Duotal "Von Heyden," oz. envelope or bottle.
PP—Guaiacol Carbonate "Hoff, La Roche," 1 oz. envelopes.
G—Iodothymol, (Aristol,) 1 oz. bottles.
R—Ichthyol "Ichthyol Co.," 1 lb. tins.
X—Orphol "Von Heyden," 1 oz. bottles.
F—Paracetphenetidine "Merck's," (Phenacetine,) lb. cartons.
FM—Paracetphenetidine "Merck," 1 oz. cartons.
A—Phenacetine "Bayer," oz. cartons.
B—Phenacetine "Bayer," lb. cartons.
FF—Phenacetine "Riedel" 1 lb. cartons.
W—Salipyrine "Hoffman La Roche," 1 oz. cartons.
E—Salol "Merck or Von Heyden," 1 lb. cartons.
C—Sulphonal "Bayer," 1 oz., 2 oz., 8 oz., and 16 oz. cartons.
Z—Salophen "Bayer," 1 oz. cartons.
D—Trional "Bayer," 1 oz., 2 oz., 4 oz., 8 oz., and 16 oz. cartons.
DD—Trioline (Trional,) 1 oz. cartons.
DDD—Trional, (Methylsulfonal,) "Hoffman, La Roche," 1 oz. cartons.
H—Thymodol-Bayer, (Aristol,) 1 oz. cartons.
Y—Tannalbin "Hoffman, La Roche," 1 oz. cartons.
S—Urotropin "Merck," (Formin,) 1 oz. bottles.

Dr. J. L. Myers, formerly of Kansas, writes from Alaska that tuberculosis and syphilis is very prevalent among the tribes and that the death rate there is considerable.

Dr. Charles F. Ensign and bride of Oakland, Kansas, are on the road to their future home in China. The doctor's address for the next few years is Ta An Fu, China, a town of 50,000 population.

Bibliography—Those who wish to have the literature examined for references on medical topics can obtain such help from the Medical Institute of Bibliography and Bureau of Translations at 103 State St., Chicago.

Membership in the State Society costs your county society two dollars a year. If your county society needs seventy-cents a year to run it then your total society dues would be $2.75. There is no longer an entrance fee or initiation account.

The following physicians through their membership in the State Society have joined the American Medical Association during the last month: Doctors A. J. Mulvane of Topeka, G. K. Purves of Wichita, M. A. Brawley of Frankfort, J. S. Cummings of Bronson, G. W. Hallonbeak of Cimarron, Charles B. Leslie of Meade, M. S. McCreight of Oskaloosa, G. W. Main of Overbrook, J. A. McCammon of Reamsville, O. P. McPherson of Great Bend, Benjamin Skinner of Wetmore, C. J. Simmons of Lawrence, C. C. Stillman of Morganville, G. A. Tull of Clay Center.

SOCIETY NEWS.

Golden Belt Medical Society—The third quarterly meeting of the Golden Belt Medical Society was held in the Masonic Temple at Salina, Kansas, Thursday, Oct. 6, 1904, with President W. S. Lindsay in the chair.

The routine business of the meeting was transacted and Doctors F. K. Meade of Plainsville, Geo. Seitz, O. R. Brittian and Wm. B. Dewees of Salina, Kansas, J. M. Deiter and Chas. B. Buck of Abilene, and A. G. Henderson of Leonardsville, were elected to active membership.

The resignation of Secretary A. A Shelley of Abilene, was read and accepted. L. Leverich of Solomon, Kansas, was elected to fill the vacancy.

Doctors Harvey, Curtis and Hazlett were appointed to draft resolutions on the death of the late Dr. Philander Daugherty, of Junction City, Kansas.

Section 3 of Article 2, of the By-Laws, was changed to read: The active members of this society shall consist of residents of the State of Kansas, who are eligible to membership in the American Medical Association, and who live in accordance with the Code of Ethics of the American Medical Association.

The proposition of the State Medical Society, to become the fifth district society, was, after due consideration, unanimously declined. The following scientific papers were read and elicited prolonged discussion:

The right to life of the unborn child—Dr. E. L. Simonton, Wamego, Kansas.

Treatment of mal-positions of the uterus and their effects—Dr. T. R. Conklin, Abilene, Kansas.

Report of a case of lymphadenoma treated by X-Ray—Dr. J H. Winterbotham, Salina, Kansas.

A case, personal—Dr. J. T. Curtis, Dwight, Kansas.

Intestinal union by the aid of a hollow candle-stick—Dr. J. D. Riddell, Enterprise, Kansas.

Those present were: Doctors Lindsay, Curtis, Riddell, Moses, Crawford, Fowler, Harvey, Gaines, O'Brien, Leverich, Conklin, Alkire, Buck, Lagerstrom, Winterbotham, Shenck, Henderson, Vermillion, Brittian, Simonton, Need, Elmore, Pickerel, Bruner, Hazlett, Toby, Nordstrom, Ketchersid, Neptune, Klingberg, Hayes, DeWees, Meade, Seitz, Deiter and three visitors, Tuttle, Brown and Holinquist, thirty-eight in all.

Invitations were received from Lincoln, McPherson and Hope, for the next place of meeting, Thursday, January 5, 1905. A vote was taken and Hope, Kansas, selected.

After adjournment all were invited to Banquet Hall, where all the delicacies of the season had been prepared by the physicians of Salina.

L. LEVERICH,
Secretary.

[EDITOR'S NOTE.—In view of the above action of the Golden Belt Society in separating itself from the State Society, its members are no longer eligible, through their membership in the Golden Belt Society, for membership in the American Medical Association; nor are they entitled to receive this JOURNAL at the expense of the State Society. We invite their subscriptions to the JOURNAL.]

Harvey County Society—The Harvey County Medical Society met Monday evening, Oct. 3, in the office of Dr. L. T. Smith with Dr. Smolt, president of the society, presiding. Others

present were: Drs. Smith, Graybill, Bennett, Axtell, Cooper and Abbey. After routine business Dr. Axtell read a paper on Puerperal Infection. The prophylaxis of thecases by rigid asepsis was strongly insisted upon rather than the extensive use of poisonous antiseptics. The varieties of infection, and the channels through which they are conveyed, and the clinical aspects of each kind of infection were treated. A lively, general discussion followed the reading of the paper. Dr. L. T. Smith treated the members to an enjoyable supper, nicely served. The social element of these meetings has become a prominent feature that seems to be much appreciated by the members. The next meeting will be Monday, Nov. 7.

Fourth District—The fourth district is progressing slowly. We have three county societies in the district, Harvey, Butler and Reno counties. Harvey county has adopted the constitution and by-laws recommended by the state association and Butler county has taken steps to do so at their meeting in January 1905. I visited their society on the 13th of this month and found a good live work in progress, they had two fine papers which were generally discussed. These societies are doing fine work in cementing the profession and when we get societies in every county in the state the profession will have a different standing and it will be to the betterment of the state.

I have the names of the physicians of the following counties: Chase, Kingman, Pratt, McPherson and Marion. I have received replies to all my letters to physicians asking for a list of physicians of their county, except one, but have written to several county clerks for the list and received no reply. I expect to organize society next month in Barber, Pratt, Kingman, Marion and possibly Sedgwick counties. I have received encouraging letters from two counties only, the others have been very discouraging and will take considerable missionary work.

I have visited the Harvey County Society and the South Kansas Medical Society, the latter at their meeting last Wednesday and gave them a short talk on medical organization and there seemed to be quite an interest manifested towards general organization.

O. J. Furst,
Councillor.

South Kansas Society—The society met in Wichita October 18 and 19. A good time is reported. The program follows:

Clinic—Hemiplegia—St. Francis Hospital—Archibald Church,

Professor Nervous and Mental Diseases, Northwestern University Medical School, Chicago.

Relative mortality—Pres. W. H. Graves, Dodge City.

Chronic cystitis and hypertrophy of prostate treated by electricity—G. A. Boyle, Enid, Okla.

Diabetes mellitus—S. M. Palmer, Florence.

Fibroids complicated by pregnancy—D. W. Basham, Wichita.

Tubercular meningitis—R. S. Haury, Mound Ridge.

Present status of surgery of stomach and duodenum—C. E. Bowers, Wichita.

Surgical clinic, St. Francis Hospital.

Puerperal infection—J. T. Axtell, Newton.

The new born infant—W. H. Carter, Atlanta.

Medical organization—O. J. Furst, Peabody.

X-Ray in tubercular affections—H. E. Rose, Sterling.

Histology and pathology of cystic degeneration of ovary—A. H. Fabrique, Wichita.

Puerperal eclámpsia. F. L. Abbey, Newton.

Why shouid I bring my surgical cases to Wichita?—J. Sippy, Belle Plaine.

Some unusual cases—J. M. Latta, Wichita.

Carcinoma basocellulare—S. C. Emley, Wichita.

First District Society—The fall meeting was held in Lawrence on October 13. Douglas County Society entertained the members and their wives at the Eldridge House from 6 to 7:30. Some thirty out of town physicians were in attendance,—58 in all.

The following program was rendered:

Injuries to the eye—J. W. May, Kansas City, Kansas.

Trachoma—E. P. Pitts, Atchison.

Purulent conjunctivitis—H. L. Alkire, Topeka.

Nasal obstruction—J. E. Sawtelle, Kansas City.

The "anti" serums—L E. Sayre, Lawrence.

[Prof. Sayre's effort to put these sera in the pharmacopeia was endorsed.]

The perineum—J. E. Hunt, Atchison.

Remarks on paresis—C. C. Goddard, Leavenworth.

Discussion of reorganization, led by E. T. Shelly, Leavenworth.

The society decided to continue as present constituted until the next meeting in Kansas City the second Thursday in February. Dr. Goddard's candidacy for the state senate was approved and endorsed.

President Reynolds has visited and organized Brown county with thirteen members. He is enthusiastic over their unity and good spirit.

INTESTINAL ANTISEPTICS.

Within the past five years the importance of a clean, antiseptic prima via has become generally recognized. Today there are few physicians who do not begin their treatment of acute diseases with a "clean out." Many follow the "keep clean" maxim and those who are most thorough in this direction discharge their patients soonest. Out of the numerous apperients and cathartics available magnesium sulphate has come to be recognized as the most acceptible for general use. Abbott's Saline Laxative known and used wherever the English speaking physician practices is unquestionably the favorite preparation of this salt. A later but quite as useful product is Abbott's Salithia, a combination of magnesium sulphate (C. P.) lithium and colchicine. This combination has proved to be the best alkaline-saline for use in rheumatism, gout and all manifestations of the uric acid diathesis. The formula explains why! Salithia and Saline laxative can be used alternately, but in either acute or chronic rheumatism Salithia will prove preferable to the Saline as the combined action of lithium and colchicine is secured uniformly and at once. The less often medicine is given in these prolonged cases the higher the patient's opinion of his doctor.

Salthia may be given in teaspoonful doses once or twice daily or even oftener, the usual method being to order it before breakfast and on retiring at night. If the morning dose be taken in hot water it is more efficacious. In severe acute cases of rheumatism where rapid depletion and elimination is essential Calcalith (Calcium carbonate Comp.) is usually exhibited in conjunction with Salithia and the latter may be given every four hours until the bowels act freely. Salithia is not at all unpleasant to take. It effervesces freely and even children will take it if sweetened slightly. If desirable somewhat stronger solution may be made (two to three teaspoonsful to half a pint of water) this can be sweetened and flavored with a little lemon and taken after effervescence has ceased. Whichever way it is taken Salithia will give prompt and appreciable results and if once used in the treatment of diseases of the uric acid type will not be readily discarded.

For Sale—A Kinraide Coil suitable for a 110 volt direct current. Sold cheap with tube holder, fluoroscope, rheostat, etc. No. 5, JOURNAL office.

Locum Tenens—A graduate in 1903 of Northwestern wants to take charge of a good practice while the owner is away. No. 6 JOURNAL office.

For Sale:—In a good town of 8000 inhabitants in Eastern Kansas, a good paying, well-established practice for a *Specialist in Eye, Ear, Nose and Throat* work. No competition. Good surrounding territory. Office furniture for two rooms, full line of instruments. Operating chair, Davenport, etc. Closest investigation desired.

Address,

SMITH, care JOURNAL OF THE KANSAS MEDICAL SOCIETY,

Lawrence, Kansas.

The Journal

OF

The Kansas Medical Society

OFFICERS OF THE SOCIETY:

LAWRENCE REYNOLDS, Horton, President.
L. H. MUNN, Topeka, Treasurer.
CHARLES S. HUFFMAN, Columbus, Secretary.
E. T. SHELLEY, Atchison, Vice-President.
D. E. ESTERLY, Topeka, Vice-President.
R. J. MORTON, Green, Vice-President.

COUNCIL:

1. *E. T. SHELLEY, Atchison.*
2. *M. F. JARRETT, Ft. Scott.*
3. *F. M. DAILY, Beloit.*
4. *O. J. FURST, Peabody.*
5. *E. E. HAZLITT, Abilene.*
6. *C. E. McCARTY, Dodge City.*

Volume IV | December 1, 1904 | Number 12

TRACHOMA, OR GRANULATED LIDS.

EDW. P. PITTS, M. D.
Atchison, Kansas.

The importance of making an early diagnosis, and the prompt institution of proper treatment in cases of trachoma, commonly known as granular lids, cannot be over-estimated. By instituting prompt and active treatment, many of the distressing complications and deforming sequalae can be at least mitigated, and often entirely prevented, and the duration of the disease greatly shortened. As it is usually the general practititioner who first sees this affection, I take the liberty of presenting this subject for your consideration.

It is doubtful if any disease is more prevalent; no civilized race being exempt. Amongst the Hebrews, Chinese, Irish and Italians it is especially common, and in Egypt and Arabia it is an exception to find a native with sound eyes. In this middle west, where the population is made up to such a large extent of people of foreign nationality, this disease exists, even in the rural districts, to an alarming degree.

Bad air, over crowding, poor and scanty food and unsanitary surroundings, contribute largely to the transmission of trachoma. It

*Read before the First District Society at Lawrence, Oct. 13, 1904.

is very probable that a contagium must be added to produce the disease. It becomes epidemic in residential schools, barracks, almshouses, prisons, etc., by transmission.

A micro-organism, supposed to be specific, has been described by Sattler and Michel. It is a diplococus, and may be cultivated from the contents of a trachoma follicle. No satisfactory results, however, have been reached by inoculation experiments. Muterlich in 1892 described a fungus, which he termed micro-sporum trachomatosum, with pure cultures of which he produced trachoma in calves and rabbits. Other micro-organisms has been mentioned as probably causative factors. Although it is thought by all who have studied the disease, that it is microphytic in origin, sufficient evidence has not been produced to make this belief indisputable. From the mildness of its early stages I am aware of the indifference with which individual cases of trachoma are regarded by the profession and the laity. By many physicians its diagnosis is considered so easy that it has been confounded with almost every disease to which the eye is subject. The first symptoms complained of by the patient in the early stage of the disease are sensitiveness to light, lachrymation, and a gluing together of the eyelids during sleep. Pain and visual disturbances are not usually the rule. Upon examining the eye we find the conjunctiva of the lids congested, thickened and roughened, to a greater or less degree. It has a coarse velvety appearance, not unlike surgical granulations. The granular appearance is due partly to the formation of new papillae, as well as hypertrophy of the old, and partly of the trachoma granules. These trachoma granules, shown microscopically, are aggregations of lymph corpuscles, forming lymphatic follicles, resembling somewhat "Peyer's patches."

The gluing of the lids during sleep is due to a muco-purulent discharge. This discharge is more abundant in the early stages, or in those cases presenting marked symptoms of irritation. It is at this stage of the disease that proper treatment will prevent the many troublesome complications and sequalae. In fact, it is only at this time that a complete cure can be affected.

If, however, the disease has progressed beyond this state, the patient, in addition to the photophobia and lachrymation, complains of scratching sensations as if sand were in the eyes; and disturbances of vision, such as inability to read for any length of time, especially by artificial light, or as is often said "weakness of the eyes." The purulent secretion is now more scanty; the upper eyelids drooped to a varying degree, due partly to increased weight of lids,

partly from the effort of the patient to protect the eyes from excessive light. Pannus and corneal ulceration are often present, and the eyes are so sensitive that the patient can tolerate only the most soothing applications.

The condition just described gradually merges into a second stage, which is one of commencing atrophy, with the persistence of granulation tissue. The hypertrophy of the conjunctival tissue has passed away and bands of cicatrical tissue begin to appear. The individual follicles, having lost their characteristic appearance, begin to coalesce, forming larger or smaller masses; not infrequently the tarsus of the upper lid is one continuous plaque of lymphoid tissue. The area of the conjunctiva is considerably lessened by cicatricial contraction. The margins of the lids are thickened and the palpebral fissure narrowed and shortened. Lymphoid tissue may appear on the ocular conjunctiva, or even on the cornea.

With the cicatricial contraction of the inner and posterior surface of the tarsus, the eyelashes are made to impinge upon the cornea, and trichiasis and entropion are established. Slight mucoid secretion and profuse lachrymation accompany this stage. Not infrequently the tears and secretions flow over the cheeks, causing erosion of the epidermis of the lower lid and face.

There is still another stage, esentially one of atrophy. All lymphoid tissue has disappeared. The cicatricial contraction has partly or wholly abolished the retro-tarsal folds, and the conjunctival cul-de-sacs above and below, are often entirely obliterated. In some cases the whole conjunctiva takes on a dry condition, known as xerosis; in which case, vision is greatly impaired, or wholly abolished.

There is great variation in the duration of all stages of trachoma. The first stage may give way to the second in the course of a few months but may last for years. The second case is more protracted. Years are often required to bring the parts to the stage of atrophy, and in most cases the individual has reached middle life before complete atrophy is established.

While there is no reason for confounding the atrophic stage of trachoma with any other disease, this is not true of its early stages. The disease for which its early stages are most apt to be mistaken is conjunctivitis, especially the follicular form. In this latter disease we find the follicles very much resembling the trachoma granules, but more prominent and arranged in rows like a string of beads, which is not the case in trachoma.

Follicular conjunctivitis never leads to cicatricial formations,

pannus, or to any of the other sequelae seen in trachoma. It yields readily to treatment, and in many cases will get well of itself. These facts alone enable us to make a differential diagnosis.

Innumerable remedies have been used with varying degrees of success in the treatment of this disease. In the early stage with copius secretion, I find applications of solution of silver nitrate, in strength varying from one to ten grains to the ounce of water, most satisfactory. During the stage of hypertrophy, however, the application of the trachoma forceps, and the unmitigated sulphate of copper crayon, are required to affect a cure. The trachoma forceps, which are either roller or ring, at the discretion of the operator, enable us to express the contents of the trachoma follicles and trachoma granules, as well as to deplete the conjunctival tissue. Following the use of the forceps, the sulphate of copper crayon or a solution of silver nitrate in strength from five to ten grains to the ounce, should be immediately applied. It may be necessary to repeat the application of the forceps several times. The copper crayon should be applied at first twice a day, gradually lessening its frequency as the case improves. This same rule applies to the application of the silver nitrate solutions. Should corneal ulceration be present, this radical plan of treatment must of course be modified. In cases where the treatment just described is too irritating, I frequently resort to the application of a one to five hundred bi-chloride solution, rubbing same well into the conjunctiva with a cotton swab.

It is generally advisable to precede these treatments by instillations of a solution of cocaine or holocain, thus rendering them much less painful. That class of cases which is attended by symptoms of marked irritation from the first, requires preliminary treatment with cocaine, atropia, and hot applications before the forceps can be used.

In observing the above course of treatment, especially the surgical application of the trachoma forceps, with such variations as each individual case may suggest, this distressing and chronic affection may be permanently cured.

Dr. H. H. Bogle of Pittsburg has returned from Chicago where he has been doing post graduate work.

RETROSPECTIVE VIEW OF THE TREATMENT OF PNEUMONIA*

D. W. HUMFREVILLE, M. D.
Waterville, Kansas.

An American statesman once said that a pendulum swings forcibly first one way, then the other, but its center always points to the central mass of the earth. As it is in a political sense, so it is in the practice and application of medicine.

Fifty years ago the practice of physicians was to treat pneumonia by blood letting, blistering, calomel and tartar emetic, the disease being considered an inflammation, produced usually by, or the result of taking cold, (the pneumococci being unknown) and according to the theory of the time, an element called phlogistin entered into the affected organs, causing the inflammatory process; hence it was considered necessary to use antiphlogistic treatment in the aforementioned way to effect a cure. Although at the time it was conceded that children and the aged did not bear bleeding well; in fact to treat a case of pneumonia without phlebotomy was considered criminal and the attending physician was not only liable to censure, but sometimes a worse fate. The mortality under this mode of treatment would run as high as forty per cent of those attacked. The pendulum had reached its limit and a reactionary movement began, one physician, a Doctor Bennett, going to the other extreme, using a stimulating treatment throughout the whole course of the disease, and claimed as a result a loss of but five per cent. Whether the loss was correctly stated or not the tide had turned which established a course of treatment that endured for nearly forty years, when bleeding was seldom resorted to and antimony and blistering were entirely discarded. In fact the surgeon general of the United States during the civil war issued an order forbidding the use of tartar emetic and refused to issue the drug. Pneumonia was considered now a self limited disease demanding only proper evacuations, good food, sedatives with alteratives, and quinia or the bitter tonics, with heart support (Protectives or application to the chest were used in all the courses of treatment). This method seemed to yield good results and the death rate in the disease was reduced to a minimum, said at times to be but five per cent in the ordinary cases.

About fifteen or more years ago there entered a factor that again sent the pendulum back and a treatment developed which was

*Read before the County Society in August 1904.

as bad as the old antiphlogistic or phlebotomy treatment, (classed by Von Helmont as the bloody Moloch that presided in the physician's chair.) This was a fashion of using anti-pyretics and a use of coal tar derivatives in the disease, the same being caused by a belief that the necessary fever which accompanied the disease was a destructive element and also by the fact that these medicines relieved pain as well as lessened the fever and that the fever of itself was an evil that should be corrected and kept down by these same antipyretics to the point of almost collapse of the patient. When this occurred the swinging of the pendulum brought them face to face with the usual and customary result, heart failure, and thus a recent theory and practice passed away. Heart support seemed to be the next great idea and when done in a rational manner is very efficacious, using digitalis and strychnia and if necessary other stimuli. Unfortunately this treatment is sometimes overdone, enormous doses of strychnia have whipped a weakened heart, (weakened by overwork in attempting to force the blood through a congested lung) overtaxing the strength of the heart muscle and defeating the end in view by producing an actual heart failure by over stimulation. That the percentage of mortality has been almost as high in recent years, as in bleeding and antimony times, no one can deny, and a remedy should be looked for. This is to be found by cutting out almost if not entirely the coal tar derivatives in the treatment of pneumonia, especially that resulting or following from grip, lessen the fever by sudorifics and baths, support the heart but do not whip it into exhaustion and while bleeding for certain symptoms is again coming into vogue, (as a rule it is not needed,) but tide the patient by tonics and rest over the crisis and again we will return to a five per cent mortality, except in the inebriate and those debilitated by other diseases.

I believe the great mass of physicians, those who have had bedside experience are more conservative and happily do not indulge in so many queer theories or extreme methods of treatment, but guage their practice by the light of experience and hence are among the number who do not permit themselves to be swayed to either extreme, but hold fast to and aid nature's natural laws, and as a result their efforts are crowned with a greater percentage of success. Fortunately for humanity the family doctor is slow to rush to extremes, he believes theories are good only when proven by experience, when they have produced the greatest good to the greatest number.

INTESTINAL UNION BY THE AID OF A HOLLOW CANDLE.*

J. D. RIDDELL, M. D.,
Enterprise, Kansas.

The operative procedure of joining the ends of a divided intestine, or repairing the opening in one partially divided, is a procedure that has certainly called into activity the ingenuity of a great many surgeons. The plans devised are so numerous that we are led to believe that no one method is equally satisfactory in the hands of different operators.

However, if we believe in the mechanical rule of simplicity for definite results, we are almost pursuaded that not a few of the methods advocated are impracticable, except possibly in the hands of a most skillful operator.

The fact that one of the emergency operations we are liable to be called upon to do at any time is repairing an injured intestine, make it necessary that we should have some definite idea of what method we would employ, and be provided with the mechanical aids needed to make the operation as successful as possible.

There are some no doubt who feel that when called upon to unite the segments of a divided intestine, they will just carefully sew the two ends together without any mechanical aid or appliances. To the skillful and practiced hand this is perhaps not so difficult. However, I feel sure the first attempt made to approximate the lumen of the bowel and suture it together without mechanical support, will convince the operator that a better method if possible, should be devised.

Murphy succeeded in devising a button with which you are all more or less familiar. This button is deservedly very popular. However, when one attempts to use the Murphy button some objections to it must certainly be apparent in its use, as each end of the divided intestine must be treated separately, it is a difficult task to avoid leakage of the bowel contents over the serous surfaces.

Even after one cup of the button is inserted, it must be carefully guarded to avoid its displacement and also leakage through the button stem.

Surgeons have used different kinds of foreign supports to hold the segments in opposition while they are being properly sutured together. Senn advocated the use of decalcified bone plates. Daw-

* Read before the Golden Belt Medical Society on Oct. 6, 1904.

barn employed potato plates for the purpose of giving support to the intestinal wall while doing an approximation. Robson, Allingham, Hayes and Neuber used bone bobbins or tubes to hold the ends in position until union had taken place. Bryant in his book on Operative Surgery says, in speaking of the Allingham bone bobbin, that the purse string used for holding the segment ends in apposition, "seems insecure without the supplementary stitches." I think the same may be said of the other bone bobbins or tubes on which the intestine is first brought into position and held there by a purse string. At least I should hesitate to return such a union to the abdominal cavity without first reinforcing it with a row of Lembert or Halstead sutures.

Robinson used an india rubber tube in the lumen of the bowel to support the walls while suturing the two segments together. Mounsell perfected a method by which he invaginated one end of the intestine back into the bowel lumen and out through a lateral incision, then drawing the other segment in through this invaginated bowel, the two ends could be joined. This rather complicated procedure has in it the common purpose of all the methods, that of suturing the serous covering of the bowel in such a manner as to prevent leakage and hold the ends together until firm union has taken place.

After carefully reviewing all of the methods recommended and described by many of the best authors on surgery, I am of the opinion that the method most satisfactory and practicable is that of placing some foreign substance in the lumen of the bowel and suturing the walls together over their support.

The various materials used, such as the India rubber tube, potato plates, decalcified bone plates, and tubes or bobbins of decalcified bone, serve the purpose of a supporting substance; but after the suturing is completed, the presence of these substances within the lumen of the intestine certainly has a tendency to interfere with the easy passage of the excretions contained in the bowel above the point where union is desired. This interference is without doubt a menace to the successful termination of the operation.

With the object in view of getting a good substantial foreign support upon which to suture, and then get rid of this support within the intestine so as to avoid the damming back of any contents that may need to pass through the intestines, I have devised a support that is firm and as easily sutured over as any other foreign material, and after it has served the purpose of supporting the bowel wall while the sutures are placed and tied, it is easily and

immediately disposed of without injury to the intestinal wall.

My method is this: Take an ordinary candle and bore the center out, leaving the walls about $\frac{1}{8}$ to 3-16 inch thick, so you have a simple hollow candle about $2\frac{1}{2}$ inches long. Insert this into the ends of both segments to be united, turning each end in about one-half inch and bring the serous surfaces together in the middle of the candle. Have your assistant hold the intestine firmly in this position, and then with a round pointed needle insert by the Halstead method or mattress suture a row of fine silk sutures. After the sutures are in place, determine by placing the finger down towards the mesenteric attachment which is the lower end of the bowel. Then by gentle manipulation place the hollow candle down a short distance below the point of division. Now comes the easy destruction of the foreign tube, by beginning at the end and gently pressing together the walls of the tube, the candle substance easily crumbles into small pieces, offering little if any obstruction to the free opening of the bowels. With this support it is unnecessary to have a number of different sized tubes, as the intestinal wall can be held snugly against the candle until a part of the sutures are inserted and tied, and then shifted to another portion of the lumen and the remaining stitches placed.

These candles are easily prepared by boring out with a long narrow knife blade the center of an ordinary candle, leaving the walls of the tube thus made about $\frac{1}{2}$ to 3-16 inch thick. These I immerse in an antiseptic iodine solution, leave them there for ten days, then place them in alcohol in a bottle large enough for the candle to lie flat down in the bottle. (Otherwise, I find the candle thus prepared, if left standing on end during the summer season will sometimes become bent.) In this alcohol they may be kept for an indefinite length of time. When needed, wash in sterilized water, and dust over with mild antiseptic dressing powder. By so doing, your foreign support will carry into the intestines and over the wounded edges, a dressing powder that will help to keep the wound free from infection.

The method as described may not be better, or as good as some other procedure, but I give you this method firmly believing it has merit, and will at least be much more practical than some of the methods that are given space in many surgical books.

The Physicians of Rome, N. Y. recently wrote to the druggists of their city a letter asking them to desist from attaching their firm names to the glaring advertisements of cure alls. It is for the interest of druggists and physicians to work together.

Dr. MacCormack, the national organizer who attended the Topeka meeting last May, is visiting in Kansas this month and may be had by counties desiring to organize, if they will arrange dates with our president, Dr. Reynolds (Holton). He held a meeting at Holton on November 23, 1904, for the first district.

Dr. Morrison's patient before and after operation. (See page 533.)

A CASE OF DEFORMITY FOLLOWING FRACTURE OF SHAFT OF FEMUR; OSTEOTOMY AND RESULT.*

E. E. MORRISON, M. D.,
Great Bend, Kansas.

In this case, my information concerning the original injury and its treatment was obtained from the patient himself. I have not had an opportunity of interviewing his physician and for this reason am not able to give a more accurate and more detailed history.

Case: Male: age 26; family history, good; previous health, good. Injury occurred in February 1903; was caused by a fall from a horse which produced a simple fracture of the middle third of the shaft of the femur. Fracture was reduced seven hours after its occurrence; a wooden splint reaching from the axilla to the malleolus was applied, pasteboard splints were applied to the anterior, inner and posterior surfaces of the thigh. No weight was attached to the limb. It appears that an effort was made to secure extension by fastening a perineal band to the side splint at about the level of the crest of the ilium and binding the leg firmly to the lower part of the splint. The patient remained in bed with this dressing for four weeks and one or two days when it was removed and tin splints extending from the hip joint to the knee on the outside and from the perineum to the knee on the inside were applied. He remained in bed with this dressing two weeks longer when he got up. After another week, making seven weeks which had elapsed after the injury, the tin was removed and he began to walk with crutches. Deformity was noticed as soon as the last dressing was removed. It grew worse for several weeks.

Seven months after the injury, the patient presented himself with the marked angular deformity which is well shown in the photograph. The apex of the deformity was about $5\frac{1}{2}$ inches out of line. The amount of shortening was $3\frac{1}{2}$ inches.

It was decided to do an osteotomy and preparations were made accordingly. The bone was cut with a chisel $\frac{3}{8}$ of an inch wide and equally bevelled on each side. The chisel was pressed through the skin till it reached the bone, the cutting edge being held in the long axis of the bone. When the bone was reached it was turned to a position at right angles with the line of incision and the bone was cut from without inward through about $\frac{2}{3}$ of its substance and the

*Read before the State Society at its annual meeting, Topeka, May, 1904.

remaining part fractured. Owing to the fact that in the deformed state the points of origin and insertion of the adductor group of muscles were closer together than they should be and as a result the muscles were shortened, considerable difficulty was encountered in effecting a reduction. A long side splint extending from the axilla to the malleolus, an internal splint extending from the perineum to the knee and a posterior splint extending from the buttock to the middle of the calf were applied. The limb was extended by means of a weight which was varied at times but was always as much as the patient could stand. After two days of extension, additional manipulation of the fractured ends brought them into more correct apposition. This dressing and weight remained in position seven weeks. When removed, firm union was found to exist. A plaster of Paris dressing reaching from the hip to the middle of the leg was applied and left in position four weeks after which it was removed and no other dressing applied. One week after extension was left off and eight weeks after the operation, the patient was permitted to get out of bed and go about on crutches. No weight was borne on the injured limb until thirteen weeks had elapsed. The crutches were discarded about four weeks later. Four and one-half months after the operation he began doing light work around the farm and after two more months he took up his regular farm work. He has good use of the limb, the amount of shortening is one inch and is fully compensated by a tilting of the pelvis. He walks without perceptible limp. The second photograph was taken before the muscles of the thigh had regained their normal size.

There is nothing original or remarkable about the operation or result. The most important feature of the case is the occurrence of the deformity after the original injury. It illustrates very well the necessity of adequate extension. It illustrates equally as well the necessity of keeping the patient in bed the requisite length of time. There are on the market several kinds of traction splints all of which are inferior to Buck's method of extension. Buck's extension modified by the addition of the long side splint is the standard method of treatment. The apparatus is always obtainable. The man in general practice who attempts to construct and apply some other apparatus, simply courts disaster. Most text books lead one to underestimate the length of time required for union sufficiently strong to permit the patient to leave the bed, likewise the time which should elapse before active use of the limb should begin. One should never forget that fractures do not unite by fixed rule; that age, health, the state of nutrition, the degree of approximation of

the fractured ends of the bone and the presence between the fractured ends of shreds of muscular tissue are important factors that may delay or even prevent union. One should remember that many cases of delayed union and many cases of failure of union can not be explained. The patient should not be promised that he will be able to leave the bed in five weeks, or six weeks, or at any specified time. At such a time as the surgeon deems proper, and the time varies according to the age and condition of the patient, he should satisfy himself as to the existence of union and its degree of firmness and then let his patient out of bed or keep him there as conditions demand. Most patients of this class become extremely tired of the long and close confinement and the attendant is sometimes influenced by their appeals and his sympathy for tkem. This should not be so. The interest of the patient and the reputation of the surgeon demand that he stand firm. If he is not capable of doing this he is not capable of treating a fracture.

DISCUSSION OF DR. MORRISON'S PAPER.

DR. DAILY: I can voice the sentiment of the writer fully, with perhaps a slight exception on the matter of the long continued confinement. I believe that there are cases in which long continued confinement interferes very much with the general condition of the patient, and also with proper union. Of course so far as retaining the parts in apposition, the recumbent posture is the most favorable condition. I believe that in most cases the failure in getting the proper results is due to an improper manner of reduction. It is very customary for surgeons to make traction, applying force in a direction opposite to the direction in which the injury was produced, thus increasing the danger to soft parts by laceration, interfering with proper coaptation, and thus increasing danger of deformity. By first applying traction in direction in which injury was produced and then reducing, you will many times prevent the very frequent difficulties of non-union and deformity following fractures.

DR. AXTELL: The paper was especially interesting, and the result shown from photographs very good. Of course the deformity in the case must have been due to improper reduction in the first setting of the bone, with consequent non-union of the fractured ends. In regard to the use of the chisel, I should think that the knife preferable to use in making the first incision. The better dressing, especially after an osteotomy, in my estimation is the plaster of Paris dressing,—a plaster of Paris cast, carried from toes to perineum, and if necessary carry about the waist. Long confinement unnecessary, especially after osteotomy. The ends of the bones are square, and when properly approximated, and with proper dressing, the bearing of the weight upon them no detriment. Ordinarily patients may get out of bed in two or three weeks, no set

rule being given, however. In many cases you will get union, with proper cast and dressings, and patient not be put to bed at all. The cast does away with the necessity for extension in many cases and when properly fitted makes all the extension that is necessary.

DR. MORRISON: As to the length of time which patient should spend in bed, you will remember that in my paper I said that there is no fixed rules governing these cases, each one being a law unto itself. However, the surgeon should remove the splints, and by close and careful examination determine whether union is sufficiently strong and perfect or not. If union is good the patient may get out of bed whether he has been there four weeks or eight weeks; if not, he must stay there until the proper results are obtained. Most cases of fracture of the femur recover with some degree of deformity. This almost always occurs after the patient gets up and bears some weight on the leg. The doctor looks at the leg as the patient lies in bed and sees that the limb is straight. The patient begins to go about and shortening and deformity becomes apparent. Concerning the use of the plaster of Paris dressing, I believe that no one can apply a plaster dressing that will hold a fracture of the middle third of shaft of the femur in correct position without extension. If the thigh were a "2x4" or a pole, such a dressing could be applied. As it is, the femur is covered on all sides by a heavy cushion of muscles, and the muscular traction will cause the fractured ends to slip past each other, thus pressing into this cushion, and finally uniting in a deformed position. In this case the adductor muscles were 3½ inches shorter than normal. No one who has not done this operation can fully understand the amount of traction necessary to bring the fractured ends into line and apposition. The nurse and the anæsthetist made traction in one direction, and the gentleman who sits beside me and myself made traction in the other. The next day the malleoli were covered with large blebs as the result of our efforts. And with all of this the reduction was not satisfactory till the muscles had been tired out and relaxed by a heavy weight which had remained in position for 48 hours, after which the ends were brought into perfect apposition.

THE INFLUENCE ON VALVULAR LESIONS UPON PULMONARY TUBERCULOSIS.*

R. C. FEAR, M. D.,
Gardner, Kansas.

Although anything which may be said concerning any phase of tuberculosis may be trite and hackneyed, yet no excuse is asked for taking as a subject for this paper a disease which probably now

* Read before the State Society, May, 1904.

affects or has at some former time affected, perhaps, a majority of living human beings.

In our country it is estimated that 1,000,000 persons or more are suffering with some form of tuberculosis and 150,000 die annually of this fell disease.

In 4280 autopsies in Breslau in 1839, gross microsoopical lesions were found in 1392 cases. Biggs of New York found characteristic lesions of tuberculosis in the lungs alone of 60 per cent. of his autopsies.

Brouardel found microscopic evidence of tuberculosis in 75 per cent. of his cases in the Paris Morgue—generally persons dying suddenly.

Naegeli from 500 autopsies in the Pathological Institution of Zurich found, after careful search, indisputable evidence of tuberculosis in 99 per cent. of all autopsies after the thirtieth year. Osler says: "If as has been done in Ribbert's laboratory, a systematic inspection is made for the purpose, tuberculous lesions are found practically in 100 per cent. of the bodies of adults."

It is almost inconceivable that any of us have not given entrance to the germ, either by inhalation or by our food.

The effect of valvular lesions upon pulmonary tuberculosis is a matter which has been much discussed. Various authorities have expressed different opinions. Niemeyer believed that persons with heart disease enjoyed a certain immunity from consumption. Rokitansky claimed there was an antagonism between heart lesions and phthisis. Benekes claims that in phthisical patients the heart is relatively smaller, the arteries proportionally and the pulmonary artery relatively wider than the aorta. He thinks these may lead to increase in the intra-pulmonary blood pressure and so favor catarrhal processes. The lung volume he found relatively larger in tubercular subjects. Norman Chevers first pointed out that the subjects of congenital stenosis of the pulmony artery very frequently have phthisis. Anders states in regard to the influence of right sided valvular diseases upon the development and progress of pulmonary tuberculosis, "that it is believed that the direct etiological significance of such diseases especially pulmonary stenosis has been overrated, other factors, unsanitary surroundings, defective nutrition, lack of exercise, enforced quiet, etc., being of considerable importance." Osler says: "Chronic heart disease, arteriosclerosis, aneurism of the aorta, all are conditions that favor infection. Subjects of congenital or acquired contraction of the orifice of the pulmonary artery usually die of tuberculosis. Stenosis of the pulmonary artery and

aneurism of the aorta, predispose to pulmonary tuberculosis, probably by reducing the activity of the lesser circulation. A terminal acute tuberculosis of one or the other serous membranes is a very common event in all forms of cardio-vascular disease." Potain found out of 54 cases of mitral stenosis, nine cases of pulmonary tuberculosis. On the other hand Graham says: "Mitral valve disease, particularly stenosis, antagonizes the disease." Beuchet in his Paris Thesis, 1901, has, I think, correctly indicated the solution of this question. He thinks that diseases of the heart in general, have a varying influence upon the course of pulmonary tuberculosis. This influence he claims, depends upon the circulatory modifications which the lesion produces in the pulmonary apparatus. When the cardiac lesion produces hyperaemia in the lung the course of the disease is retarded and it takes on a more benign character. On the other hand, when the lesion produces ischaemia of the lungs, the pulmonary lesion is made more extensive and its course is more rapid.

Doubtless all are familiar with the treatment of tubercular joints by the method of producing an artificial vonous hyperaemia with ligatures placed above the diseased joints. That this method has, in selected cases met with considerable success is a well known fact. Whether the hyperaemic condition exerts its beneficial effect by reason of the increased nutrition, the phagocytosis or by the action of the alexines the bactericidal constituents of the blood plasma, is an unsettled question. Aortitis and arterio-sclerosis favor the development of pulmonary tuberculosis by slowing the blood current on account of the loss of elasticity and of the narrowing of the caliber of the vessels, thus creating deficient blood supply, defective nutrition and anaemia favorable to the multiplication of the tubercle bacilli.

As illustrating the effects of valvular lesions upou phthisis, the writer wishes to give a brief history of a case from his own practice.

In August of 1898, I treated a young girl of about 16 years for several attacks of malaria, associated with what was thought, at the time to be incipient phthisis pulmonum. There was loss of weight, anaemia and menstrual suppression, jerking inspiration, slight cough and some night sweats. In September of the same year, although not having recovered her health, she left to attend school in Kansas City. After being there a short time, an attack of illness brought her back to Gardner. When I saw the patient at this time, there was a harsh cough, slight dyspnoea, some subcrepitant rales over the bronchi on each side, respiration 40 to 50 per minute and a temperature 102 degrees to 103 degrees. Within ten days or two weeks

she seemingly recovered and although quite weak she returned to her school, but not having regained her strength and unable to continue her work, she returned home. When I saw her at this time, the patient was pale, anaemic and incapable of anything but the slightest exertion. Her condition gradually became worse, until she was completely helpless. There was labored respiration, orthopnea, a dry cough with some glairy expectoration, feet and lower extremities swollen and albuminuria. Physical examination gave the following symptoms: The apex beat was on the left mammillary line somewhat undullatory and felt over a wide area, the pulse of low tension and reached 166 to 170 beats a minute, the area of heart dullness extending one-half to three-fourths into the mammillary line. a systolic murmur at the apex and a diastolic murmur at the second right intercostal space and a Corrigan or water-hammer pulse. At this time a prominent surgeon of Kansas City was called in consultation and diagnosed the case as one of pulmonary tuberculosis, affecting chiefly the apices of the lungs, with a cavity at the apex of the left lung, but found nothing wrong with the heart After a time and no improvement occurring, a well known physician of Kansas City was called in consultation and made a diagnosis of endocarditis resulting in dilation and valvular lesions of the heart. but thought there was no trouble with the lungs except what was secondary to and a result of the heart lesions. Thinking there was a tubercular condition, I requested the latter consultant to take a sample of the sputum, which I had saved and have it examined for the tubercle bacilli. After a few days, he wrote me that the microscopic examination showed the bacilli and that it proved that the pneumonia which the patient formerly had was of tubercular origin and he gave a very unfavorable prognosis.

About this time, the open air treatment of tuberculosis was coming prominently before the profession, so an attempt was made as far as possible, to carry out the treatment as practised at Nordrach. The patient was put upon a nourishing diet and the doors and windows of her room kept open, even during the coldest winter weather. At this time, she was in such a desperate condition that for a week or more a fatal issue was expected daily, but slowly and gradually she began to improve so that in eight or nine months she was able to be around again: For the past three years she has been teaching in the public schools. Her heart lesions now give her comparatively little trouble, because of the compensating hypertrophy, although the mitral systolic murmur can be traced around behind to the angle of the scapula by examination through the clothing. For the past

four years, all symptoms and physical signs of tuberculosis have been absent. The patient has gained in weight and now weighs more than ever before. The cough, the anaemia with its accompanying symptoms have all disappeared.

Was this a case of arrest or recovery from pulmonary tuberculosis? In the light of the microscopic findings, how can we doubt it? If so, what were the principal factors in producing this result? Endocarditis is not a very uncommon complication in tuberculosis. It is found in from 2 to 10 per cent. of cases, according to various authorities. The tubercular process in the lungs, preceded the pneumonia. Whether the pneumonia and endocarditis were tubercular is uncertain, but that the endocarditis caused the valvular lesions, which resulted in a passive congestion of the lungs is quite certain.

Did not the endocarditis with the resulting valvular lesions and pulmonary congestion prove to be a conservative process?

Whether this had more to do with the patient's recovery than the good nourishment, fresh air and improved hygiene is hard to determine.

DISCUSSION.

Dr. Sawtell: I believe that there is noquestion but that lesions in the pulmonary valves have a great deal to do with the development of tuberculosis in the young, this condition being so often found in young adults. Heart lesions of any character have a tendency to produce pulmonary troubles; this may be accounted for from the fact that the heart being crippled, the blood is imperfectly aerated, with a consequent badly nourished lung. In obstructive lesions of the left heart the tubercular process may be somewhat delayed, but the results are there, and the damming back of the blood has a tendency toward tubercular lesions, especially where the blood vessels are sclerosed with a tendency of rupture of the capillaries.

Dr. R. E. McVey: My own opinion is that consumption is a trophic affection. Our mistake is relying too much on the albuminoids. Proteids only build up tissue and make repairs, but do not furnish the energy required by the nerve centers for the highest degree of matabolism in the various structures of the body. In consumption we always first find a loss of nerve energy, with more or less indigestion, which may be called the primary stage of consumption.

PELVIC SUPPURATIONS.*

CHARLES J. SIMMONS, A. B., M. D.,
Lawrence, Kansas.

Pelvic suppurations in a gynecological sense means those found the neighborhood of the uterus.

I venture to say that no class of cases has caused the doctor more mental distress than those of pelvic suppurations and no class of cases has had more ambigious descriptions and less satisfactory advice in treatment by the so-called authorities, than these same cases.

Many suppurating inflammations in the pelvis were called cellulitis and from the descriptions given, the pelvis might be supposed to be filled largely with cellular tissue, instead of being as we now know, simply a thin web, in most cases accompanying, supporting and protecting the blood vessels, nerves and ligaments.

Most, if not all of the so-called cases of cellulitis, are cases of abscess and pelvic peritonitis resulting from infection through the uterus, tubes and ovaries.

I emphasize the point that pelvic cellulitis alone is a very rare disease. I have never seen a case of it distinct from pelvic peritonitis and disease of the adnexa; though I have been called to see cases so diagnosed. We have all seen many cases of suppuration following gonorrhœal infection and many cases of infection following abortions, miscarriages and puerperal fever and instrumental interference. Their earthy, sallow complexion with septic shiny skin, hot or bathed in so free a perspiration that it is well called leaky. The fever, pain, tympanitis, insomnia, dysuria, constipation wear upon them and give them a wretched look. The days of waiting and frequent inquiries from the anxious family whether something cannot be done. The extra worry because you cannot explain to the carping neighbors the character of the disease and its intrinsic dangers. These things make the doctor a pilot in a strong sea. How different would your position be considered and how small a part would you take in the play, if you could tell tell the truth and say that John Smith had given his wife the gonorrhœa and that the germs had now traveled up and eventuated in a tubo-ovarian abscess —that a speedy cure was recognized as impossible without opera-

*Read before the Douglas County Society, September, 1904.

tion, but that they declined that and assumed the responsibility of waiting future developments.

Or, suppose Mrs. Smith gets tired of bearing children and inserts a dirty catheter or tent, anointing it with the first rank grease she can reach and suppose the abortion more or less complete is complicated with a streptococus infection, or suppose these things have happened to an unmarried female, a good whole-souled girl perhaps, that was built on the Eve plan—for trouble. Have you looked at the picture before? Did you know exactly what to do? Did the golden rule help you any? And finally the slow convalesence, after nature has walled off the threatening poison or discharged it through the bowel or other avenue, sometimes there remains an invalidism that drags on with the years. These are only overshadowed by the sudden death, that sepsis often claims, and for a long time your participation in the "strange case" will be more than hinted at.

Eighteen years ago I had a number of cases in a short time that sent me hunting for extra aid from the authorities, with most unsatisfactory results. Case one was a woman about 35 years old. Had always had good health, mother of three children. After getting all of her neighbor women out of their "trouble" as she called it, she used the same umbrella rib on herself, she set up a vicious septic infection. She sent for "pain and colic" medicine several days, finally her husband becoming uneasy, sent for me. For two days longer she denied that she had been pregnant or that she had done anything to cause an abortion. She had had fever, chills and frequent sweats, her face was red, shiny and anxious in expression. Her abdomen was hard as a board and tympanitic, her uterus, tubes and ovaries were apparently in a solid plaster of Paris cast and within it undoubtedly was a pool of corruption. All of her symptoms were calling for a laparotomy and drainage, but with many others, I at that time was deaf.

Soon after a similar case in a very young married woman, who was not quite ready to have a family, almost disgusted me with the practice of medicine, for the practice in vogue then was almost wholly expectant.

Then an eminently respectable widow lady fell into my hands, she had general peritonitis with pelvic inflammation as an accessory before the fact. She was so tympanitic that she breathed with difficulty and hiccoughed almost constantly. Before she passed away she confessed that the spermatic germs had been the cause of her undoing. That she had started her abortion but that she was com-

pelled to call in a doctor who gave her medicine to get the placenta. Then she had chills, fever and sweats and she called a different doctor to whom she confessed nothing. He treated her four or five days for typhoid fever. She then called me and apparently wanted me to treat her for the fever, but when I examined her and told her she was in a bad septic condition she confessed everything.

And so through the years, case after case has been infected and vaginitis, a metritis, a salpingitis, an ovaritis and frequently an abscess and general peritonitis have resulted. Some have escaped rather because the disease was confined in such a position that it was possible to come to the surface, or would break or could be opened into a hollow viscus, than because medicine or skill availed.

But we are living in a new era. We are beginning to inherit facts. Ephraim McDowell was the father of ovariotomy (1809). It is interesting to note as we pass that his first patient traveled sixty miles on horseback to have the operation performed and lived thirty-two years after. Dr McDowell merits all honor as a brave and skillful surgeon, for he operated without anesthetics or trained assistants, with a mob of angry men waiting to take vengeance upon him should the operation prove unsuccessful. The 22½ pound tumor was removed in 25 minutes.

The first ovariotomy for abscess was done by Lawson Tait in 1872. One of the men who has done much by teaching and demonstrating the best methods of operating upon and curing pelvic suppurations is Joseph Price, a pupil of Tait.

Dr. Price was a pioneer in this kind of work, when I saw him last he was in his 6000 series of abdominal sections. His skill is very great and his experience a great mine to draw from.

Kelly, of Baltimore, who was a private pupil of Price, has written the best work on the subject, that I am acquainted with. Assuming it to be a fact then that pelvic suppurations as a rule are due to micro-organisms passing through the vagina, uterus and tubes and that these germs are most frequently the gonococci, less often the streptococci; and very rarely the staphylococci, the colon bacilli, microccus lanceolatus and others. Assuming also that the diplococci are deposited in the vagina, and that the streptococci are the result of mismanaged puerperiums, which means a surgically unclean accoucher, or abortions; or the careless use of unclean sounds, dilators and tents; and assuming further, that the result of the gonococcus infection is a local reaction, never general, but that it often results in a pyosalpinx and ovarian abscess; and that the streptococcus infection is much more dangerous,

that it may travel up through the mucus membranes like the gonococcus, or it may pass through the wall of the uterus or tubes, that the systemic depression is greater, that the infection often becomes general and results more seriously, often fatally. Granting these premises which I think can be safely done, what treatment, we ask, gives the best results?

Kelly, in most cases is in favor of vaginal drainage, recognizing the fact that the tubes and ovaries may be in such a condition that good health is incompatible with their retention. He advises vaginal puncture and drainage for temporary relief, claiming that experience shows that in most cases it suffices for a permanent cure and if it does not, the adnexa may be removed later with greater ease and safety. If vaginal puncture is not feasible he advises opening the abdomen, removing diseased organs, breaking up adhesions and locating the abscess and then with the hand in the abdomen as a guide, he passes a sharp pointed scissors through the vagina into the abscess, opens the scissors to enlarge the opening and puts gauze in for drainage. He sews up the abdominal wound.

Price on the other hand is an earnest advocate of the abdominal route for the removal of pelvic suppurations in contradistinction to what he calls the "blind procedure." He believes that in almost all cases there are omental and intestinal adhesions that must be broken up, diseased tubes and ovaries that must be removed, exudative lymph wiped off, muddy fluid, effused lymph, and puddles of filth removed and sometimes multiple pus pockets that must be emptied and the abdomen washed out with gallons of water before the patient can be said to be on the road to health and strength.

Three cases operated upon this summer are examples of the three different methods of treatment.

The first case was in a neighboring village. The patient had not been well for two years, since the birth of her only child, and two months previous, from the history, I think she became infected with the diplococci, she was running a temperature, pulse and sweats, and this taken with her wan and feeble condition gave some countenance to the diagnosis of "a fever with ovarian neuralgia," of the attending physician. On account of her prostration I concluded to attempt to incise and drain through the vagina. The result was satisfactory so far as the abscess was concerned, as it speedily disappeared. But in two months she came to me complaining of backache, pain in the pelvis, irritation of the bladder, obstinate constipation and extreme nervousness. The uterus was retroflexed and adherent. Entering the abdominal cavity there was no evidence left

of any abscess except the dense adhesions that bound the left ovary, which had degenerated into a cyst the size of a fist, down behind the uterus. Breaking up the adhesions with difficulty I removed the cyst, also the appendix and left the uterus in anterior suspension. Recovery is complete.

The second case gave a history of salpingitis, lasting for several years. The patient charged the doctor with bringing on the attack by the use of the sound in replacing the uterus, which the doctor denies. When seen the patient was apparently in the last stages of septicæmia—chills, fever and sweats, pain, anorexia and insomnia had brought her to an extreme stage of emaciation and feebleness. The examining finger went up against a stone wall, could make nothing out, except the cervix uteri, which was apparently set into hardened plaster of Paris. Operation was refused for some time, when the abdomen was finally opened, it was very difficult to make out anything, the omentum extended down into the pelvis and was firmly adherent to the bladder and bowels. After tying off and removing the attached omentum I attempted to get into the pelvis by separating the agglutinated bowels, they were so firmly adherent that when separated the detached surfaces looked as if I had pulled apart a piece of raw meat. After packing off the bowels as much as possible to avoid their infection, the abscess was opened and the pus hastily sopped out with gauze sponges, then an opening was made through the vagina into the abscess with the hand in the pelvis from above directing, and gauze and rubber tubing put in for drainage, gauze drainage was also put in above. The case made an uninterrupted recovery.

The third case was that of a married woman of 30—no children but anxious for them. She gave a history of repeated pelvic inflammation lasting for two years. She claimed that she had had a number of attacks following local treatments. I think she was infected at home soon after marriage, and the local treatments merely fanned the flame. She sought advice from good and bad men in Kansas City, Denver and San Francisco. Her mental condition was so bad that her mother considered that an operation was the alternative to the asylum. She finally came and said that she thought she had a little trouble in her left ovary and if that was removed she thought Carson of Kansas City could cure her. She came to the table in fair flesh, but with sallow anaemic complexion. On the left was found an old abscess, the size of an orange, that with care I was able to enucleate and deliver whole. The ovary on this side was practically

nothing but a thin walled cyst. When the fluid was let out, scarcely any ovarian stroma could be found. On the right the adhesions were so firm that I had to leave some of the abscess sack wall attached to the bowels, to avoid opening into the intestines, as a result the abscess burst. The bowels had previously been walled off with gauze. Over 200 gauze sponges were used to mop out the pus. The abdominal wound was packed with gauze, reaching in the pelvis to the seat of the trouble. The patient got well and returned home strong in body and mind.

EXAMINATION QUESTIONS.

(Continued from November issue.)

SURGERY—N. L. Jones, M. D.

1. Diagnose and describe treatment of fracture of acromion process. 2. Diagnose and describe treatment of a case of Colles fracture. 3. Dislocations are characterized by a certain train of symptoms. Name six of them. 4. Differentiate between inguinal hernia, hydrocele and varicocele. 5. Describe surgical operation for the cure of fistula in ano. 6. Describe surgical treatment for empyema. 7. Give diagnostic symptoms of hemorrhage from middle meningeal artery and treatment for same. 8. At what point would you tap for ascites; for hydrothorax? 9. Distinguish between concussion and compression of brain. 10. Name principal cause, symptoms and treatment for tetanus.

REGULAR—O. F. Lewis, M. D.

Theory and Practice.

1. Define dysentery and give treatment. 2. Define jaundice and give treatment. 3. Diagnose and give treatment for acute cystitis. 4. Give symptoms of appendicitis. 5. Give treatment of hemoptysis. 6. Differentiate appendicitis from diseases of the ovary. 7. Give diagnosis and treatment of diphtheria. 8. Define cyanosis; what does it indicate? 9. Name some results of syphilis. 10. Give treatment of syphilis.

REGULAR—G. F. Johnson, M. D.

Materia Medica.

1. In what diseases is opium used principally? 2. Name the

excito-motors. 3. What are the preparations and doses of conium? 4. Is ether ever used as a cardiac stimulant? 5. How should poisoning by digitalis be treated? 6. What are the medical uses of ipecac? 7. What substances are incompatible with belladonna? 8. What are the effects, uses and doses of calcium chloride? 9. What are the preparations and doses of the gold salts? 10. Name the mineral tonics.

HOMEOPATHIC—T. E. Raines, M. D.

Theory and Practice.

1. Give symptoms, diagnosis and treatment of acute bronchitis. 2. Give etiology and treatment of earache. 3. Differentiate between heatstroke and sunstroke, and give treatment in each. 4. Give symptoms and treatment of "impetigo contagiosa. 5. Differentiate between acute nephritis and acute cystitis. 6. Describe in detail the symptoms and treatment of gonorrheal conjunctivitis. 7. Give symptoms and treatment of cerebro-spinal meningitis. 8. Describe symptoms and give treatment of pyelitis. 9. Describe in detail the symptoms and treatment of peritonsillar abscess. 10. Differentiate between intercostal neuralgia, pleuro-dynia and pleurisy.

HOMEOPATHIC—D. P. Cook, M. D.

Materia Medica.

1. Give an outline of a proving of sulphur. 2. Describe a case of intermittent fever requiring eupat. perf. 3. Differentiate between bryonia and sulphur in diarrhea. 4. Give an outline of berberis vulg. 5. Differentiate between belladonna and hyoscyamus in mental, throat and stomach symptoms. 6. Describe the toxic effects of arsenic on the circulatory and digestive tracts. 7. Name antidotes to arsenic, strychnine, aconite and belladonna. 8. Describe a case in which you would prescribe ambra. 9. Name five pathological conditions in which cimicifuga rac. is indicated. 10. What do you understand by polychrests?

ECLECTIC—W. F. Flack, M. D.

Theory and Practice.

1. Name and describe a group of symptoms known as "typhoid." 2. Give the remedies and their indications that will counteract those conditions. 3. Define specific medication and specific diagnosis. 4. Give the indications calling for quinine, nux, iris, echinacea, eryngium, gelsemium and blackhaw. 5. Diagnose and treat a case of cystitis, ovaritis, and uterine colic. 6 Diagnose and treat a case of summer diarrhea in a child. 7. How do you use the various coal tar products? 8. What is meant by determination of

blood to a part? 9. Name five remedies that act directly upon heart and give their specific indications. 10. Diagnose and treat a case of acute articular rheumatism.

ECLECTIC—F. P. HATFIED, M. D.

Materia Medica.

1. Give the common and official name of macrotys, its dose, preparation and specific indications for its use. 2. Give specific indications and conditions for the use of sulphite of soda, phosphate of soda and dose. 3. Give the dose of bryonia and specific indications for its use. 4. What is compound stilingia liniment and its use? 5. Give the uses of compound neutralizing cordial and its composition. 6. Give the use, dose and specific indication of jaborandi. 7. Give the specific indication for the use of veratrum viride. 8. Give botanical description of lobelia inflata and specific indication for its use in every condition you would use it. 9. Give the specific indications for the use of sulphide of calcium and the doses you would use it in; also of sulphur. 10. Give specific indications for the use of permanganate, chlorate, acetate, iodide and bromide of potassiums.

Thirty-three licentiates were examined; nine failed to pass.

G. F. JOHNSON,
Secretary.

Lakin, Kansas.

Dr. Howard Grant Baird died on October 27 at Falun, aged 38. He graduated at Jefferson in 1893.

American Medical Association—The following physicians by virtue of their membership in our state society have been admitted to membership in the A. M. A.: M. C. Boggs, Syracuse; G. A. Hammon, Lawrence; W. H. Graves, Dodge City; Mary J. Lobdell, Beloit; Arvid Pihlblad, Lindsborg; Plato W. Robinson, Harris.

Profits in Patent Medicines—The profits in patent medicine must be enormous. For next year Dr. R. V. Pierce will spend $750,000 in advertising; the Peruna Company $500,000; Castoria the same amount; J. C. Ayer Company, $350,000; Lydia Pinkham Company, ditto; and Scott & Bowne, $300,000. And yet the average income of the country doctor is less than $1,000 a year!—From *American Journal of Surgery, etc.*

SALICYLIC ACID—EXTERNAL USE.

The capacity of the skin to absorb various medicaments, is not always kept in mind. Salicylic acid easily irritates the stomach and our patients often cannot take it. Its external use saves much annoyance. The following formula I have found very effective as an anodyne, analgesic, anti-rheumatic, anti-neuralgic, etc.

Rp.—Salicylic acid	dr. 2 to 4
Oil of wintergreen	dr. 2.
Essential oil of mustard	gills v.
Witch hazel	oz. i.
Alchol q. s.	oz. iv.

Sig.:—Apply once or twice daily.

The mixture is clear, clean. No stain follows its use. The oil of mustard makes a feeling of warmth, and by its irritation secures quick absorption and action of the acid. The oil of wintergreen gives an odor that is rather enjoyed by the patient.

In its therapeutical range I have never known any external treatment to equal the above. J. T. CURTISS.

DIPHTHERIA.

The following cases of diphtheria have been reported to the office of the Board of Health for the month of October and up to the 15th of November:

County.	Cases.	Deaths.
Barton	4	1
Crawford	4	0
Jewell	4	0
Labette	6	2
Lyon	3	1
Marshall	1	1
Pottawatomie	2	1
Republic	4	0
Sherman	2	0
Wabaunsee	1	0
Topeka City	27	3
Wichita City	22	2
Totals	80	11

County health officers are urgently requested to report their cases of contagious diseases weekly, especially diphtheria and scarlet fever. If necessity should arise this board will issue weekly bulletins to keep county health officers posted as to the state of health throughout the state. S. J. CRUMBINE, M. D., *Secretary.*

SOCIETY NEWS.

Dickinson County—Councilor E. E. Hazlett, M. D., of the 5th District, organized the Dickinson County Medical Society October 20, 1904, with eleven members. Communications were read from several who were unable to attend. The A. M. A. constitution and by-laws was adopted.

Officers elected: President, L. Leverich, M. D., Solomon, Kan.; Vice President, P. B. Whitmer, M. D.; Treasurer, T. R. Conklin, M. D.: Secretary, Chas. B. Buck, M. D., Abilene.

Election of Board of Censors postponed till next meeting.

Dr. Hazlett deserves great credit for his work in the 5th District. His address on organization called forth much favorable comment.

Present at meeting: R. McShea, Jno. J. O'Brien, Chapman; J. D. Riddell, Enterprise; L. Leverich, Solomon; E. E. Hazlett, P. B. Whitmer, E. B. LaFevre, J. N. Dieter, T. R. Conklin, Chas. B. Buck, Abilene.

Next meeting in Dickinson County Court House at 7:30 p. m., December 15. Fraternally,

CHAS. B. BUCK, *Secretary.*

Wyandotte County Medical Society—Program for October, November and December:

October 3—Dr. P. D. Hughes—Report of a case of gun shot wound in the neck.

October 10—Dr. Preston Sterrett—Potts disease. Meeting to be held in south side.

October 17—Dr. S. S. Glasscock—Acute mania.

October 24—Dr. Hugh Wilkinson—Skin therapeutics.

October 31—Dr. R. C. Lowman—Fractures of upper end of femur.

November 7—Dr. John Troutman—Some observations on the X-Ray.

November 14—Dr. Anna K. Masterson—Complications of typhoid fever.

November 21—Dr. J. F. Hassig—History of a case of spina bifida.

November 28—Dr. J. W. May—Injuries to the eye.

December 5—Dr. Geo. M. Gray—Surgical anatomy of the hand.

December 12—Dr. E. J. Lutz—Cerebro spinal meningitis.

December 19—Dr. W. F. Waite—Smallpox and its complications.

December 26—Dr. B. M. Barnett—Septicaemia.

Meets at the Council Chamber, City Hall, at 8 p. m. Visitors welcome. P. D. HUGHES, *President.*

J. W. MAY, *Secretary.*

Harvey County—The Harvey County Medical Society met in Dr. Miller's office, November 7th, at 8:30 p. m. Members present: Dr. R. C. McClymonds of Walton, Drs. Smolt, Smith, Axtell, Bennett, Miller, Graybill, MacElree, Cooper, S. S. Haury, and Abbey of Newton. After routine business a paper on "Burns and Scalds" was read by Dr. G. D. Bennett. He advocated the use of the alkaline bath in burns of considerable extent and severity and deprecated the use of oily preparations, Carrow, etc. Quite a general discussion followed which developed the fact that picric acid is quite a favorite dressing for burns of the first and second degree.

The society then adjourned to the "Elite" restaurant where oysters were served. Our meetings are growing in attendance and interest. FRANK L. ABBEY, *Secretary.*

The Third District Society met in Beloit on November 22. There was a six o'clock dinner at the residence of Dr. F. M. Daily. The program follows:

Annual address by the president—Dr. J. P. Stewart.

Tetanus—Dr. D. F. Stough, Stockton.

Divers diseases—Dr. W. F. Sawhill, Concordia.

Fracture of the cervix femoris and treatment by the Thomas splint—Dr. C. R. Spain, Jewell City.

Case report—Dr. C. F. Leslie, Clyde.

Needs of organization—Dr. F. M. Daily, Beloit.

Dr. McCormack of Kentucky, the national organizer, met with the society.

Dr. Wm. Williams of Pittsburg is in Mexico for his health.

Dr. H. L. McIlhenny of Norwich was killed on a Missouri Pacific train on his way to St. Louis on October 10, 1904. He graduated from the Missouri Medical College (St. Louis) in 1884, and was recorded as a member of the Kansas Medical Society.

SPECIALIST COMMISSIONS AND FEES.

We quote the following from *The Medical Standard:*

The question of commissions, like Banquo's ghost, will not down. It has been recently brought to the fore in a peculiarly obnoxious manner by a decoy letter written to various prominent Chicago physicians. Under the name of "Evans" the author of this letter makes the statement that he is a young physician living in a little town in Illinois, who has not been in practice long and that he has a patient requiring the services of a specialist. He makes the suggestion that the fee be divided, and thinks that twenty-five per cent will be about right for his share. Of the one hundred physicians to whom this letter was sent forty-four replied, and eighteen, like Barkis, were "willin' "—very willin' in some cases. Somebody has given the correspondence to the newspapers, which are making the most of this delectable morsel of "news." It is said that Dr. John B. Murphy, president of the Chicago Medical Society, will insist upon a rigid investigation and will endeaver to discipline any members of that organization who so far forgot themselves as to yield to the temptation.

The division of the fee is not in itself essentially wrong; provided the patient is made a party to the agreement it is proper recognition of the interests of the general practitioner, upon whom devolves the early recognition of operable cases and who must shoulder a large share of the responsibility for the result of the operation. The wrong consists in doing these things clandestinely, in overcharging needy patients and the possibility of unnecessary operations or of incompetent operators. That the present manner of dividing the fee encourages these evils cannot be disputed, and for this reason it should be discouraged; but that any considerable number of the profession are engaged in hawking off their patients to the highest bidder, regardless of the best interests of the patient, we do not believe. The charge is a gratuitous insult to the general practitioners of the country.

* * *

The family practitioner is being placed more and more between the upper and nether mill-stones. A constantly increasing share of his practice is being diverted into the hands of the specialist; he is expected to surrender without a grimace. The fees of the specialist, as compared with the general, are very high. Too often, after the operation the patient comes home "broke" and the long-suffering family doctor may whistle for his pay. One of the ablest "crusaders" against the practice of dividing the fee is credited with the remark that "when he got through squeezing his orange it wasn't worth any other man's while to pick it up."

We are fully in accord with every effort to raise the financial standing of the profession; for this reason we believe that every physician should get for his services their full measure of value. But why not some equality in the distribution? The early recognition of disease is often of far more importance than the technic of the artist of the scalpel who operates for it. Isn't is worth while for the young physician to cultivate his diagnostic powers? Isn't it worth something to the patient? According to present ethical standards the only way that the general man can "break even" is by putting off as long as possible the process of "squeezing the orange." In our opinion this question will never be settled right till the interests of the general man are recognized—openly by patient and surgeon both. This solution will be best for all concerned.

* * *

We may add, in this connection, that there appears to be a crying necessity for the swift abolition of the too common test of professional success in the specialties—the test by the amount of income. The earnest specialist, with his moderate practice and moderate fees, has by this standard little claim to a niche in the temple of fame, however marked his professional accomplishments, as compared with the man in the swirl of professional "prosperity" achieved through shrewd personal advertising and fees adjusted to the railway principle of what "the traffic will bear." The advertising may take the form of showy rhetoric at medical meetings, of clever newspaper interviews, of high-sounding college professorships, of royal residential and office equipment and attachments, or any other of the myriad forms of strictly ethical personal exploitation calculated to dazzle and fascinate the multitude, but is this not "business" of the kind that pays and leads to fees with a soaring altitude which, in the innocent judgment of many in the laity, measures also the soaring altitude of ability and skill in the great medical personage? To guage professional success or distinction by the test of revenue is obviously to place a premium upon extortion and robbery and to invite resort to a species of personal advertising to which the man of honesty and honor will decline to descend.

Robbery of the public through extortionate fees should be branded as a profession crime—a crime of which the sentiment of the profession can not too soon take cognizance nor too soon impose the penalty of professional condemnation. No wonder general practitioners so often hesitate to call in the august specialist whose knife cuts in no way more certainly and deeply than into the store of the man of modest means or perhaps the savings of a lifetime. It is little wonder that the family physician should at times be tempted to forestall the demands of the royal specialist by reserving to himself the possibility of some compensation for arduous service to the patient past and prospective. Too great honor can not be paid the noblemen in the ranks of specialists who have rigidly adjusted their fees to a scale dictated by the spirit of equity, honesty, aye, and even compassion; who have put aside the crown

of high position, with fees counted in hundreds of thousands, for humbler but nobler service in the field of humanity. Let the penalty for the exaction of inequitable fees be made none to certain, prompt and severe.

The question now arises, what principle should govern the equity or inequity of specialist fees? The specialty practitioner is clearly entitled to no more pay for the same degree of skill or responsibility, or, other things being equal, for the same amount of time, than the general practitioner, and precisely in the proportion that more is demanded is there an assumption of a higher average of professional competency. Specialized skill merits no special compensation unless it be so great as to cause a higher general average of efficiency. Because the lawyer or architect has specialized in a direction neglected by the family physician, and can accomplish things unknown to the skill of the latter, is no reason why they should be better paid. The test is which contributes the greatest value—the man skilled in the law or the one in architecture or the surgeon with his skillful blade and nerves of steel or the family physician with his learning gathered from years of study, toil and experience? Which has contributed the highest degree of skill or which the most of his life's energy in preparation for and performance of his task? To the extent and with the degree of efficiency that a man gives of himself may he justly claim compensation, and not to the extent or degree of benefit that others may receive. The practitioner who, by supreme skill, averts the use of the knife, is certainly the equal of the man trained to highest skill in its every use. It is, in other words, the average of efficiency in a given field and not specialized efficiency that counts in the scale of remuneration. It is this principle which must govern if specialism is to be saved from the perils which now threaten its good name, and if justice is to be done the general practitioner.

The Oklahoma State Medical Association held its fall meeting November 8 and 9 at Oklahoma City under the presidency of Dr. A. K. West of Oklahoma City.

The Clamor being raised by some medical journals against the present campaign for the organization of the profession shows either a mercenary selfishness or envy. The organization of the profession is the only thing that is going to make the individual doctor a better and happier person. Dr. Simmons and his *Journal* should have our hearty co-operation at every point.

REORGANIZATION.

In an article by Landon B Edwards, secretary of the Virginia Medical Society, and published in the October number of *Southern Medicine*, appears an argument against reorganization. The points made in his article will apply to Virginia and some other states where the population is widely scattered and some of the counties sparsely settled, but in summing up his article, he gives statistics which do not correspond with facts as known by the editor of this *Journal*; for instance, Iowa is credited with 3,855 physicians. This is the list taken from Polk's Directory, which directory contains the names of many dentists, the itinerant doctors and all the quacks in the state of Iowa. These are not recognized in the *Journal's* Directory, for the reason that none of them are eligible to membership in the county societies, therefore, there should be excluded from this list at least 355, bringing the total number of physicians eligible to membership in county societies to 3,500.

In 1903, our society had on its books 783 names, only 640 of these were paid members. At the meeting in 1904, we had a membership of over 1,400. In the article 1,511 are credited to our membership. This is wrong, because it was taken from a list furnished by the *Journal of the A. M. A.*, showing the number of journals sent to subscribers in Iowa. It was not necessary for a man to be a member of a medical society in order to be a subscriber for the *Journal*, but a man cannot be a member of the A. M. A. unless he is member of the state medical society.

The facts, so far as Iowa is concerned, are that the reorganization in Iowa last year increased the membership of the state society 100 per cent or better; that some fifty-nine counties in the state which had no medical organizations before were organized under this plan, thereby bringing into touch with medical sentiment over one-half of the counties in Iowa which had neglected to organize and maintain medical societies.

In the statistics known as percentage of members to the num- of doctors, Iowa is credited with 38.91. .

When one takes into consideration the fact as just stated, the percentage then amounts to over 40 per cent for Iowa, whereas, before reorganization, the number of doctors taking interest in medical societies amounted to but 18 per cent. If the increase of 22 per cent of membership does not justify the work done in Iowa, then there is no justification for the labor expended.—*Iowa Medical Journal.*

Dr. Nathan M. Smith was shot and killed in a quarrel in Washington, Kansas, on October 31, 1904.—*Journal of the A. M. A.*

Dr. George A. Boyd can now be addressed at 1230 Washington Ave., Colorado Springs, Colorado. We hope that the doctor will soon regain his health.

Dr. G. S. Mostellar, a surgeon in the Mexican war, died at Pittsburg, November 11, aged 80. He graduated from Illinois College, (Medical Department.)

Dr. W. H. Carter died at his home near Cottonwood Falls, November 13 from Bright's diaease, aged 60. He graduated from the P. & S. of New York, was a surgeon in the navy and a member of our legislature in 1882.

Dr. S. C. Emley of Wichita has written a paper on the results of using Gude's Pepto Mangan as compared with other iron preparations for the *Medical News* for September 24, 1904. He tabulates his blood counts. The paper has been reprinted by the M. J. Breitenbach Co., who sell Gude's Pepto Mangan.

The City Council of Kansas City, Kansas, at the request of the County Medical Society has passed an ordinance creating a city board of health to be composed of two physicians and one veterinary surgeon, the county society to nominate six physicians and three veterinary surgeons from which number the mayor will appoint—all to serve without salary. The board is empowered to employ a chemist and a bacteriologist subject to the approval of the council.

Dr. M. Jay Brown of Salina has written a very thoughtful pamphlet on "the constructive force of pure day light in the public school room." It seeks to build up from the bottom the matter of light and ventilation in the school room. This demands some abstruse reasoning and Dr. Brown has condensed it so much that it is difficult to follow his thought. His conclusions however seem to be in accord with modern effort and we hope that Dr. Brown will be able to push the matter of pure daylight in the school rooms of Kansas.

PILLMAN ON THE PATENT MEDICINE GRAFT.

BY BILLY BURGUNDY.

"I see," said farmer Neverwell, "that the Mayor of Miasmaburg was cured by taking three bottles of Compound Extract of Fixweed after the finest doctors in the town had given him up to die."

"Your powers of observation have got the Lick Telescope beat a mile, and will be the death of you yet," answered Pillman, the druggist. "What gets past my range of comprehension is the swiftness with which you and your kind fall into traps set by those Patent Medicine Barons. Every day some law-abiding, God-fearing mark like yourself rushes into this store of mine and exchanges the fruits of his toil for a few bottles of a new 'sure cure' that is being advertised in the papers.

"Take it from me, that testimonial gag as a money-maker is a mighty close second to your Uncle Sam's mint. The moment the advertising columns of the newspapers whisper gently that the Chief of Police, the Station Agent, or the City Clerk of some such enterprising municipality as Sunrise, Arkansas, has been saved from the grave by a dollar bottle of Grafter's Syrup of Con, everybody makes a rush to the drug store and orders a couple of bottles wrapped up. If the picture of the saved-from-the-grave happens to be a cabinet size one, the druggist has an even money chance of selling every bottle on his shelves.

"I don't want to make it look too strong but I will gamble that one-half of the people who write those 'sure cure' testimonials do so to get their pictures in the papers and the other half are just natural born humorists. Why I have known of men who have been so weak after signing one of those I-was-cured-by-two-bottles testimonials that they hardly had strength enough left to sign their last will and testament.

"It has reached the stage where the average drug store is nothing more nor less than a Clearing House for the fakirs who have the health of the country at heart and the wealth of the country at home —for safe keeping. I have been acting as middleman for those bottlers of health until I am ashamed to look my wife and children in the face. And what is more, I have a hunch that if the authorities don't put a crimp in the manufacture of those 'sure cures,' the mortality reports of this country are going to form mighty cheerful reading matter for the coffin trust magnates.

"The time was when a man could get a good run for his money when he invested it in a bottle of patent medicine, but that was when the game was new. In those days the average man was on the level and when he said his remedy would cure rheumatism you could bank on shedding your crutches or cane after using a few bottles. But now days it is different. The patent medicine game is being conducted by a bunch of sharks who prefer it to Train Robbery simply because it is not quite so trying on the nervous system. Why if those 'sure cures' cured one-half the cases they claim, do you suppose that we would stand for such a joke as a life insurance company? Not on your life; we would suppress them if it became necessary to call out the Reserves.

"It is up to me to hedge. It will soon be time for me to take my place in the old grave-yard, and from now on I am going to do the square thing by staking the public to this bit of advice: if you are sick see a doctor."

"Then you don't believe what those patent medicine circulars say, do you? inquired farmer Neverwell.

"I believe what those patent medicine circulars say has the romancing of Jules Verne whipped to a frazzle."—*International Journal of Surgery.*

BOOK REVIEWS.

Manual of Serum Diagnosis—By Doctor O. Rostoski, University of Wurzburg. Authorized Translation by Doctor Charles Bolduan. 12mo, vi. 86 pages, 1904. Cloth $1.00. John Wiley & Sons, New York, Publishers.

For those physicians who work by principle rather than by rule-o'-thumb, this book will be helpful in that it sheds some light on the limits and technique of serum diagnosis of the infectious diseases. For typhoid fever, however, the details of Ficker's test are not given, although the principle is stated.

If those who read this book will be incited thereby to make a more critical observation of their patients and analyze diseases more exactly the book will have done much good. HOXIE.

Visiting and Pocket Reference Book for 1905—The following is a comprehensive contents: Table of Signs and how to keep Visiting Accounts, Obstetrical Memoranda, Clinical Emergencies, Poisons and Antidotes, Dose Table, Blank leaves for Weekly Visiting List, Memorandum, Nurses Addresses, Clinical, Obsterical, Birth, Death and Vaccination Records, Bills Rendered, Cash Received, Articles Loaned, Money Loaned, Miscellaneous, Calendar 1905 126 pages, Lapel Binding, Red Edges. This very complete Call Book will be furnished by the Dios Chemical Co. of St. Louis, Mo., on receipt of 10 cents for postage.

SURGICAL TREATMENT OF BRIGHT'S DISEASE.*

If Bright's disease can be cured surgically, then we shall welcome the advent of that form of renal surgery; for medical treatment has thus far proven unavailing.

Dr. Edebohls has published, in book form, the results of his operations on seventy-two patients, and his results are encouraging. He denudes the affected kidney of its capsule (*tunica propria*) and finds that the quantity of urine and of urea is at once increased. A new capsule grows in three months and one that is more vascular and better suited to the needs of the patient. The improvement in the patient's condition is immediate. The operation should not, however, be undertaken by a tyro or carried out with a sharp curette (as a surgeon in the west did it.) The operation must not last over an hour for both kidneys and the anesthetic must be most carefully given. No drainage even in infected kidneys is used. Dr. Edebohls' patients who died immediately after the operation, died not from the operation but from the disease.

We have found a great deal of nephritis here in Kansas and we believe that the disease is increasing in prevalence. Therefore an earnest study of this book—which might be termed "epoch-making"—is demanded not only ef the surgeon but also of the family physician, who is the one to diagnose the disease in time for successful surgical intervention. HOXIE.

*SURGICAL TREATMENT OF BRIGHT'S DISEASE by George M. Edebohls, A. M., M. D., LL. D., of New York. Published by Frank F. Lisiecki, 9-15 Murray St., N. Y. 8 vo, pp. 327 plus index. Cloth.

The Roentgen Ray Society—Through the kindness, probably, of Dr. J. N. Scott of Ksnsaa City who is the chief expert in the use of the Roentgen ray in this part of the country, we have been favored with a copy of the *Transactions* of this society at its meeting in Philadelphia December 9 and 10, 1903. The officers of the society for 1903-4 are Dr. J. B. Bullitt of Louisville, *President*; Dr. R. H. Boggs of Pittsburg, *Secretary*; Dr. W. A. Price of Cleveland, *Treasurer*. The transactions are contained in a cloth bound volume of 259 pages illustrated with reproductions of skiagraphs. The reading of these pages leads one to become more conservative in his estimate of successful X-Ray application for malignant disease, 10 per cent being the estimated limit of success for all cases taken together.

Doctor Attention—For Sale—House and barn and fine practice in a small town. No physician there. Good country and community. A snap for the right party. For particulars and terms write Dr. Forney, Belle Plaine, Kan., care of A. G. Forney.

For Sale—Unopposed village and country practice in Eastern Kansas. Annual business $3,000 to $3,500 per year. Collections 95 per cent. Nearest opposition 12 miles; 6 room residence, team No. 1, office equipment, 3 rooms. Do not write unless you mean business. No. 7, JOURNAL office.

Just at this season of the year we are especially called upon to consider the advantages to be found in Glyco-Thymoline for the treatment of acute catarrhal diseases of the nose and throat.

Coryza, Naso-Pharyngitis, Tonsillitis and Laryngitis are now most common. After exposure to cold or damp chill the mucous membrane, with its delicate cell structure and fine capillary net work, takes on a turgid appearance. The minute blood vessels or capillaries become congested and their function practically suspended. The blood cells through lack of nourishment die and are thrown off. The glandular secretions are altered; instead of excreting a bland, non-irritating mucus, we have present an acid discharge most irritating in type. This is about the condition we find in all catarrhal inflammations.

How does Glyco-Thymoline apply here? What are its special advantages?

When applied warm in a 25 per cent. solution, Glyco-Thymoline gives a soothing sensation to the inflamed membrane, due to its anaesthetic or anodyne properties.

Glyco-Thymoline quickly dissolves all accumulations of thick, ropy mucus, crust formations, etc.

Glyco-Thymoline in a 25 per cent. solution, being approximately of the same alkalinity and specific gravity as blood serum, causes by its exosmotic action, (the passage outwardly through the tissues of normal secretions and products of inflammation,) a rapid depletion of the engorged tissue, thus aiding nature after her own manner in restoring capillary circulation, normal glandular action and fostering cell nourishment which soon brings about a general normal condition to the membrane.

COPYRIGHTED, 1904, BY DR. G. H. HOXIE.

The Journal

OF

The Kansas Medical Society

in which is incorporated

The Wichita Medical Journal.

CONTENTS FOR JANUARY, 1904

PROVINCIALISM 167
THE SPECIALIST AND THE GENERAL PRACTITIONER 168
DOUGLAS COUNTY MEDICAL SOCIETY 169
OUR NEXT MEETING 170
SMITH COUNTY SOCIETY 171
RAPID HISTOLOGICAL METHODS—Prof. C. E. McClung 172
FEE BILLS 176
ARGYROL—Dr. J. W. May 177
REPUBLIC COUNTY SOCIETY 180
THE NEWER TEXTS IN ANATOMY—Dr. G. H. Hoxie 180
SEPTIC INFECTION—Dr. H. J. Stacey 182
DIAGNOSIS AND TREATMENT OF FISTULA IN ANO—Dr. J. M. Poindexter 188
UNSCRUPULOUS ADVERTISING—Drs. F. C. Herr and A. Haggart 193

MAY 3 1904
LIBRARY

Single Copies Ten Cents, Subscriptions One Dollar a Year.

Entered at the Postoffice at Topeka, Kansas, as second class mail matter.

College of

Physicians and Surgeons

Medical Department of
Kansas City University,

KANSAS CITY, KANSAS.

Four year's graded course.
Unsurpassed clinical facilities. Laboratories complete. Outdoor obstetric and medical clinic first-class. Anatomical material in abundance. For catalogue address

J. E. SAWTELL, M. D., Dean,
310 Rialto Bldg.,
Kansas City, Mo.

or

E. M. HETHERINGTON, M. D.,
Secretary,
526 Altman Bldg., Kansas City, Mo.

PRACTICE LIMITED TO DISEASES OF EYE, EAR, NOSE AND THROAT.

DR. J. W. MAY.

TELEPHONE 243 WEST.

501-502 Husted Building, ... KANSAS CITY, KANSAS.

TELEPHONE WEST 98. OFFICE HOURS 1 TO 4 P. M.

R. A. ROBERTS, M. D.

RECTAL AND GENITO-URINARY DISEASES.

502-3 HUSTED BUILDING.

KANSAS CITY, - - - - - - - - - - - KANSAS.

HERMAN E. PEARSE, M. D.,

SURGEON,

322 RIALTO BUILDING. KANSAS CITY, MO.

P. D. HUGHES, M. D.,

SURGEON,

KANSAS CITY, - - - - - - KANSAS.

JOHN H. OUTLAND,

SURGEON,

WICHITA, KANSAS

J. M. POINDEXTER, M. D.,

534 ALTMAN BUILDING. KANSAS CITY, MISSOURI.

PRACTICE LIMITED TO DISEASES OF
THE RECTUM AND SIGMOID FLEXURE.

The Kansas Medical Society.

W. E. McVey, Topeka, *President.*

G. W. Coffey, Concordia. *First Vice President.*

J. T. Axtell, Newton, *Second Vice President.*

Charles S. Huffman, Columbus, *Recording Secretary.*

C. C. Goddard, Leavenworth, *Corresponding Secretary.*

L. H. Munn, Topeka, *Treasurer.*

S. G. Stewart, Topeka, *Librarian.*

George Howard Hoxie, Lawrence, *Editor.*

THIS SOCIETY

is composed of all the local and district societies of the state. It incorporates and unifies the various existing organizations; it supplants none.

MEMBERSHIP

is obtained only through the subordinate societies where such exist. If there is no local society, then physicians may become members by special action at the annual meeting.

STANDING COMMITTEES.

Legislation: G. A. Boyd, R. Aikman, R. J. Morton, O. J. Furst, C. E. McCarty.

Public Health and Medical Charities: E. T. Shelley, E. B. Payne, F. M. Daily, J. D. Clark, Andrew Sabine.

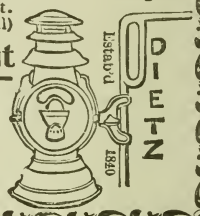
NEXT ANNUAL MEETING

At Topeka, May 5-7, 1904. Dr. C. A. McGuire, *Chairman of Committee on arrangements.*

Dietz Driving Lamp

IT is the only perfect one.
IT throws all the light straight ahead from 200 to 300 feet.
IT looks like a locomotive headlight.
IT gives a clear white light.
IT burns kerosene (Coal Oil)

It will not blow nor jar out



SPECIAL OFFER. CUT THIS ADVERTISEMENT OUT and send it to us and we will send book describing our lamp, and will agree to send you one single lamp or a pair at our wholesale price (very much less than the retail price).

R. E. DIETZ COMPANY, 60 Laight St., New York.
ESTABLISHED 1840.

McIntosh Galvanic and Faradic Wall Plate No. 6

Every physician should have as part of his equipment, a reliable Galvanic and Faradic Battery. There are many cases where the use of electricty is indispensible. This Plate can be operated from the same current which lights your office or from a battery of cells. It supplies a perfectly-controlled Galvanic Current accurately measured by a Milliampere-Meter registering from 0 to 400 milliamperes. The Faradic current, produced with our Improved Coil, containing a large quantity of fine wire, is perfect for producing sedation. It is controlled by the Rheostat and reinterrupted by the Automatic Rheotome. We supply the Plate in Italian (white) marble or Tennessee (brown) marble mounted in a handsome mahogany or quarter sawed oak cabinet highly polished. Tell us what you need, and we will send description and prices.

McIntosh Battery & Optical Co.

39-41 Randolph St. Chicago, U. S. A.

"There is a widespread belief, that physicians as a rule, consider well-founded, that cod liver oil is not only a remedy of decided power, but a food of very high value. Every physician knows, however, that a very large number of patients who should and doubtless would, get much good from it, cannot, or will not take it. This is largely due to the fact that the ordinary preparations are so nauseating as to cause serious digestive disturbances, while in many cases the stomach will not even retain them. It is notorious that the so-called 'tasteless' preparations are indeed tasteless because they contain no cod liver oil, but there is a preparation that contains all the potent elements of cod liver oil in a form pleasant to the taste and agreeable to the weakest stomach. We refer to Hagee's Cordial of Cod Liver Oil with Hypophosphites of Lime and Soda. Eminent physicians pronounce it a triumph in modern chemistry and prescribe it when cod liver oil treatment is indicated. In our hands results with it have been most satisfactory."—*Massachusetts Medical Journal.*

Pneumonia

and

Antiphlogistine

In view of the large and increasing mortality rate from pneumonia when treated by the ordinary methods, it behooves every practitioner to pay some heed to the results of the use of Antiphlogistine.

Up-to-date doctors without number everywhere have long ago learned that the best and safest method of local treatment is Antiphlogistine. They therefore have adopted Antiphlogistine as their regular routine treatment which does not in any way interfere with internal medication.

A prominent physician recently remarked: "There was a time when nearly all the children I treated for pneumonia died. In recent years they all get well. The only change made in my treatment is that I now use Antiphlogistine in every case. Draw your own conclusions."

There are certainly some surprises in store for those not acquainted with the results following the proper application of Antiphlogistine in these cases.

If the entire thoracie walls—front, sides and back, are covered with Antiphlogistine as hot as can be borne, fully an eighth of an inch thick, and then covered with a good warm cotton-lined cheesecloth jacket, results are immediately manifest. The pain and the rapid and difficult breathing are promptly ameliorated. The pulse improves, the temperature declines, the muscular and nervous relax, and the greatest of all remedial agents—rest and sleep—are invited and usually follow.

This description is typical of Antiphlogistine's behavior when applied in the first stage of the disease.

If these statements are true, the question is, Why can any physician be found who does not use Antiphlogistine in every case? If false, why do we find 80 per cent or more of the physicians who now look upon Autiphlogistine as an indispensable aid for their pneumonia cases, and why do you find it in every hospital in the land?

A treatment that insures such results is certainly entitled to the confidence of every practitioner. Antiphlogistine is a scientific preparation having a definite physiological action, and that its remedial value may be fully realized it should be applied with careful attention to detail. Do not try to make a small package do the work of a large package, and do apply Antiphlogistine cold, but thick and hot as can be borne. The usual life of a dressing is twenty-four hours, but it varies, and the dressing should be removed as soon as it will peel off nicely.

You say, how does Antiphlogistine being about such favorable results? It forms the best known methods of applying moist heat continously. By stimulating the cutaneous reflexes it causes a contraction of the deep vessels and coincidently a dilation of the superficial, which action aided by its hygroscopic virtue produces a flushing of the superficial capilaries and thus bleeds but saves the blood, consequently relieving the over-worked heart and all other associated distressing symptoms.

The Denver Chemical Mfg. Co.
New York

PRACTICE LIMITED TO EYE, EAR, NOSE AND THROAT

J. G. DORSEY, M. D.

105 W. Douglas Avenue WICHITA, KANSAS

PRACTICE LIMITED TO EYE, EAR, NOSE AND THROAT

J. F. GSELL, M. D.

OFFICE 112 E. DOUGLAS : : : WICHITA, KANSAS

E. E. HAMILTON, M. D.

Practice limited to

EYE, EAR, NOSE and THROAT

128 East Douglas Ave. Bitting Block WICHITA, KANSAS

J. C. BROWN, M. D.

PRACTICE LIMITED TO

EYE, EAR, NOSE AND THROAT

140 NORTH MAIN STREET WICHITA, KANSAS

SANMETTO FOR GENITO-URINARY DISEASES.

A Scientific Blending of True Santal and Saw Palmetto in a Pleasant Aromatic Vehicle.

A Vitalizing Tonic to the Reproductive System.

SPECIALLY VALUABLE IN
PROSTATIC TROUBLES OF OLD MEN—IRRITABLE BLADDER—CYSTITIS—URETHRITIS—PRE-SENILITY.

DOSE:—One Teaspoonful Four Times a Day. OD CHEM. CO., NEW YORK.

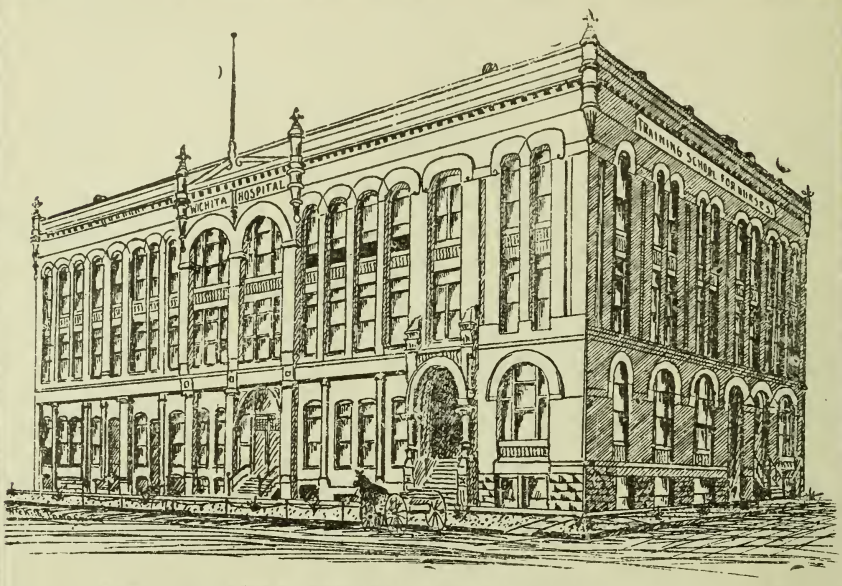
PAPINE IS THE PAIN-RELIEVING PRINCIPLE OF OPIUM. ONE CAN DISPENSE WITH OPIUM THE NARCOTIC; ONE CANNOT DISPENSE WITH OPIUM THE PAIN-RELIEVER. PAPINE PRODUCES NO TISSUE CHANGES, NO CEREBRAL EXCITEMENT, NO INTERFERENCE WITH DIGESTION.

Sample (12 oz.) Bottle Ecthol Sent Free on Receipt of 25 Cts. to Prepay Express.

FORMULA:--One fluid drachm is equal in anodyne power to 1-8 gr. Morphine.

BROMIDIA
ECTHOL
IODIA

BATTLE & CO., CHEMISTS CORPORATION. **ST. LOUIS, MO., U. S. A.**



Wichita Hospital

MODERN and complete in every detail, well heated, ventilated and sunny. Situated near the electric car line at Seneca and Douglas Avenue. : : : : : : : : : : : : :

Men's, Women's and Children's Wards $5 to $7
PER WEEK.

Private Rooms $7 to $20 per week.
CHEERFUL AND WELL FURNISHED.

COMPLETELY equipped operating rooms, laboratory, diet kitchens, obstetrical department, etc. Thoroughly trained nurses in charge of patients. Complete staff of surgeons and physicians for consultation, and a resident physician in attendance. Any letters of inquiry address to : : : : : : : : : :

MISS HELEN FARNSWORTH,
Superintendent Wichita Hospital

We Can Recommend or Send You Traised Nurses on Short Notice.

WICHITA HOSPITAL

THE EFFICACY OF ANTISEPTICS IN THE TREATMENT OF CERTAIN CONDITIONS WITH SPECIAL REFERENCE TO THE MERIT OF GLYCO-THYMOLINE.

C. H. POWELL, A. M., M. D.,

Professor Principles of Medicine and Clinical Medicine, Barnes Medical College, St. Louis, Mo.

Ever since the introduction of Lord Lister's principles to the medical profession physicians have studiously investigated the many antiseptic agents introduced to their notice from time to time by different pharmaceutical establishments of recognized repute. Some of these preparations have not stood the test, and as a result "have fallen by the wayside." Others in proportion to their merit are filling an appropriate place in the prescription book. Of these there are but a very few indeed, and at the head of them all my experience induces me to place Glyco-Thymoline. This remedy, aside from possessing properties of a most positive nature is handled by the Kress & Owen Company in a most thoroughly ethical manner. The medical press is selected by this firm to the exclusion of all other mediums in order to keep the Glyco-Thymoline conspicuously before the profession. Not only that, but as a further evidence of sincerity of the firm in believing their product all that is claimed, a liberal sample is sent any physician who may desire to test Glyco-Thymoline. Without going further into the merits of this solution as an antiseptic possessing decided therapeutic proprieties, I desire to report a few cases wherein by careful and persistent use this alkaline, alterative solution has given me most excellent results.

CASE I. Mrs. W. M., widowed, aged 42, consulted me for nasal difficulty of several months' standing. An examination of the nasal fossae revealed several very interesting conditions. There were grouped together possibly seven or eight foci of ulceration, some of these spots ran together presenting more or less of a serpiginous ulceration. Each ulcer was covered with a dirty ash colored exudate which adhered firmly to the underlying Schneiderian membrane. I first applied on absorbent cotton, a fifty per cent solution of peroxoxide of hydrogen and having removed the purulent secretion, sprayed the nose thoroughly with a twenty-five per cent solution of Glyco-Thymoline in distilled water. I instructed the patient to report the day following for a renewal of the treatment and to my surprise found a healthy looking surface in place of a suppurating wound. I repeated the spraying of the nasal fossae some three or four times more, and complete healing took place, the nose returning to its nornal condition within a week's time from the first application.

CASE II. Mrs. F. K., married, aged 30, was brought to me for

a disturbance of the throat, which owing to the fact of a member of the lady's family having recently died of tubercular disease, was a source of much worry and mental anxiety to both the lady and her husband. The tonsils were somewhat congested, and showed upon their surfaces little points of deposit dripping down into the tonsilar crypts. I immediately sprayed the tonsils with a full strength solution of Glyco-Thymoline and at the same time gave the lady a six-ounce bottle forty per cent strength to use as a gargle. In three days' time she called to get some more of the solution which she stated was very prompt in relieving her of the troublesome tickling sensation. Upon inspection I found the throat entirely cleansed of all exudates and the hyperaemic appearance of the tonsils were entirely removed, the gland assuming an almost normal hue. I again sprayed the tonsils with full strength Glyco-Thymoline and renewed the bottle for her, or rather requested her to have the bottle refilled at the drug store. She called again to see me in a few days, and stated she was entirely relieved of all unpleasant symptoms, and did not think further treatment was necessary. I accordingly dismissed her as cured.

The Dietetic and Hygienic Gazette, commenting upon the dietetic value of iron, says:

"Pathologists have given pointers as to the special condition of the iron in the system and in the circulating medium, and the newer preparations aim to imitate that condition. Most of them have a brief day of fame and then drop out of sight for the reason that they lack some element of eligibility. Few are standing the test of time and the critical ordeal of the clinicians. Foremost among these it is safe to name Gude's Pepto-Mangan. It is probably the nearest approach to a physiologic reproduction yet devised. It deserves its universal popularity, and its manufacturers do well to restrict its sale to strictly ethical channels."

THE MEDICAL EXAMINER AND PRACTITIONER,

issue of May, 1903, says:

Positive Results.

As far as positive results are concerned it is safe to assert that no preparation of iron ever introduced to the medical profession has met the requirements to the extent that the pharmaceutical product, Gude's Pepto-Mangan, has done. Unlike many articles claiming to be "Just the same," or "Just as good," it has stood the test of years in the hands of the practitioner, and has been submitted to the severest clinical investigations by eminent men in the profes sion, both in hospital and private practice.

CUSHING HOSPITAL.

6th Ave. and Marshall St.

LEAVENWORTH, KANSAS.

One block from Street Railway.

AMBULANCE SERVICE.

A Fully equipped general hospital, with complete facilities for surgical, medical and obstetric cases

Separate building for contagious diseases.

First-class training school for nurses.

Patients may employ any physician they prefer.

Address,

MISS CARRIE L. TANQUARY,

Superintendent.

Surest Cure=Free!

The Pure Air, the Equable Climate and the Constant Sunshine of

New Mexico, Arizona and California

will effect the speediest cure of throat and lung troubles, if a cure is possible. The resorts in the above sections are unrivaled, offering all of these advantages, with the additional attractions of magnificent scenery, such as petrified forests, mile deep chasms, prehistoric ruins, Pueblo Indians, giant red-woods and old Spanish Missions.

Send 10 Cents in Stamps for Health Pamphlets.

W. J. BLACK, Gen. Pass. Agt.

Santa Fe

CHICAGO, ILLINOIS.

PRACTICE LIMITED TO DISEASES OF EYE, EAR, NOSE AND THROAT

DR. J. W. MAY.

TELEPHONE 243 WEST.

501-502 Husted Building, ... KANSAS CITY, KANSAS.

TELEPHONE WEST 98. OFFICE HOURS 1 TO 4 P. M.

R. A. ROBERTS, M. D.

RECTAL AND GENITO-URINARY DISEASES.

502-3 HUSTED BUILDING.

KANSAS CITY, ... KANSAS.

HERMAN E. PEARSE, M. D.,

SURGEON,

322 RIALTO BUILDING. KANSAS CITY, MO.

P. D. HUGHES, M. D.,

SURGEON,

KANSAS CITY, ... KANSAS.

IND. TELEPHONE 825. OFFICE HOURS 2 TO 5

DR. WILLIAM E. McVEY.

PRACTICE LIMITED TO

CHEST, THROAT AND NOSE.

625 KANSAS AVENUE. TOPEKA, KANSAS.

J. M. POINDEXTER, M. D.,

534 ALTMAN BUILDING. KANSAS CITY, MISSOURI.

PRACTICE LIMITED TO DISEASES OF
THE RECTUM AND SIGMOID FLEXURE.

K.&O. DOUCHE FOR THE APPLICATION OF
GLYCO-THYMOLINE TO THE NASAL CAVITIES

GLYCO-THYMOLINE

IS USED FOR CATARRHAL CONDITIONS OF
MUCOUS MEMBRANE IN ANY PART OF THE BODY

Nasal, Throat, Stomach, Intestinal Rectal and Utero-Vaginal Catarrh

KRESS & OWEN COMPANY - 210 Fulton Street, New York

HEREDITARY BLOOD

or blood tainted with syphilitic virus, tubercular diatheses transmitted through the blood, predisposition to Carcinomatous blood, Scrofulous diatheses are all cases continually met with. If the blood can be maintained at the proper standard, the predisposition to the so-called hereditary conditions will disappear. Allow the blood to become poor in quality and immediately family characteristics of disease and degeneracy appear. New blood, rich blood, healthy blood will keep the body pure and less liable to be attacked by the insidious foes which devastate entire families.

Pepto-Mangan ("Gude")

if given in incipient tuberculosis and all wasting diseases, will build up the system by building up the condition of the blood. The patient gains in weight and strength and the body is better able to ward off the impending disease.

Pepto-Mangan ("Gude") is ready for quick absorption and rapid infusion into the circulating fluid and is consequently of marked and certain value in all forms of

Anæmia, Chlorosis, Bright's Disease, Rachitis, Neurasthenia, etc.

To assure proper filling of prescriptions, order Pepto-Mangan ("Gude") in original bottles containing ℥ xi. *It's Never sold in bulk.*

M. J. BREITENBACH COMPANY,

Laboratory, Leipzig, Germany.

53 Warren Street, NEW YORK.

SAMPLES AND LITERATURE UPON APPLICATION.

Pneumonia

and

Antiphlogistine

In view of the large and increasing mortality rate from pneumonia when treated by the ordinary methods, it behooves every practitioner to pay some heed to the results of the use of Antiphlogistine.

Up-to-date doctors without number everywhere have long ago learned that the best and safest method of local treatment is Antiphlogistine. They therefore have adopted Antiphlogistine as their regular routine treatment which does not in any way interfere with internal medication.

A prominent physician recently remarked: "There was a time when nearly all the children I treated for pneumonia died. In recent years they all get well. The only change made in my treatment is that I now use Antiphlogistine in every case. Draw your own conclusions."

There are certainly some surprises in store for those not acquainted with the results following the proper application of Antiphlogistine in these cases.

If the entire thoracie walls—front, sides and back, are covered with Antiphlogistine as hot as can be borne, fully an eighth of an inch thick, and then covered with a good warm cotton-lined cheesecloth jacket, results are immediately manifest. The pain and the rapid and difficult breathing are promptly ameliorated. The pulse improves, the temperature declines, the muscular and nervous relax, and the greatest of all remedial agents—rest, and sleep—are invited and usually follow.

This description is typical of Antiphlogistine's behavior when applied in the first stage of the disease.

If these statements are true, the question is, Why can any physician be found who does not use Antiphlogistine in every case? If false, why do we find 80 per cent or more of the physicians who now look upon Antiphlogistine as an indispensable aid for their pneumonia cases, and why do you find it in every hospital in the land?

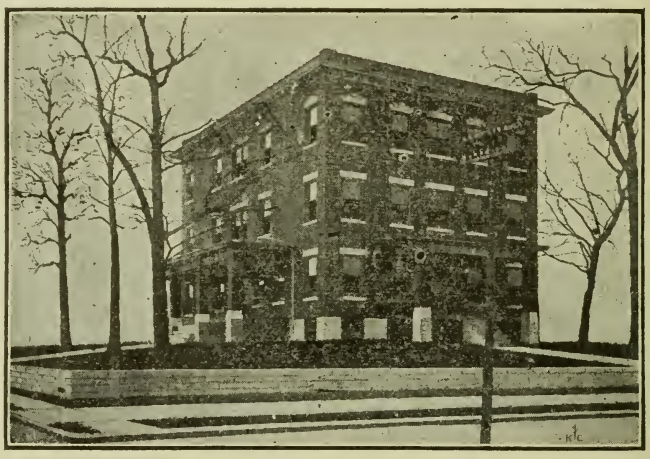
A treatment that insures such results is certainly entitled to the confidence of every practitioner. Antiphlogistine is a scientific preparation having a definite physiological action, and that its remedial value may be fully realized it should be applied with careful attention to detail. Do not try to make a small package do the work of a large package, and do apply Antiphlogistine cold, but thick and hot as can be borne. The usual life of a dressing is twenty-four hours, but it varies, and the dressing should be removed as soon as it will peel off nicely.

You say, how does Antiphlogistine being about such favorable results? It forms the best known methods of applying moist heat continously. By stimulating the cutaneous reflexes it causes a contraction of the deep vessels and coincidently a dilation of the superficial, which action aided by its hygroscopic virtue produces a flushing of the superficial capilaries and thus bleeds but saves the blood, consequently relieving the over-worked heart and all other associated distressing symptoms.

The Denver Chemical Mfg. Co.
New York

Dr. Burnett's Private Home

For Nervous Diseases and Selected Inebriates



The Home is built with up-to-date facilities for the scientific treatment of

Nervous Diseases and Drug Cases,

and open to inspection by the Profession No assumed pretensions are made to deceive patrons or the public.

It is located in a quiet but nice part of the city where the fastidious may avoid publicity.

Therapeutical agents are WATER, ELECTRICITY, ELECTRIC LIGHT BATHS, FOOD, DRUGS, MASSAGE and the REST CURE.

The Electric Light, Bath and Water are on each floor. The Electric Operating Room contains Electrolytic, Diagnostic and Therapeutic Galvanic Currents, and the Electric Vibrator for Massage; also one of the largest and most complete and up-to-date Static Machines ever brought west, which was made to order by Van Houten & Ten Broeck of N. Y.

S. GROVER BURNETT, A. M., M. D., Supt. and Prop.,
Formerly Ass't Supt. L. I. Home, (of New York.) for Mental and Nervous Diseases and Inebriates.

REFERENCES BY PERMISSION:

T. D. CROTHERS, M. D., Supt. Walnut Lodge Hospital for Opium and Alcoholic Inebriates, Hartford, Conn.
GRAEME H. HAMMOND, M. D., Prof. Mental and Nervous Diseases, N. Y. Post-Graduate Medical College.
WILLIAM J. MORTON, Prof. Electro-Therapeutics and Mental and Nervous Diseases, N. Y. Post-Graduate Medical College.
FREDERICK PETERSON, M. D., Chief Vanderbilt Clinic. Neurological Depart. College Physicians and Surgeons, N. Y. City.
WILLIAM L. LESZYNSKY, M. D., Neurologist to Demit Dispensary, New York City.

Address Rialto Building, 9th St. and Grand Ave., Kansas City, Mo., or S. W. Cor. 31st and Euclid Ave.

THE GOODNESS ISN'T THE GREASE

There are just two things about **Cod Liver Oil**—goodness and grease. It used to be thought that you couldn't get the goodness without the grease. That's wrong. The goodness isn't the grease. It is no more necessary to swallow the nauseous grease of **Cod Liver Oil** to get the valuable principles, than it is to eat the shell of an egg to get the meat.

Right there you have the whole secret of the incalculable value of

HAGEE'S CORDIAL OF COD LIVER OIL COMP.

In separating the grease from the valuable properties, nothing is lost in the process. You get all that **Cod Liver Oil** is famed for, joined with the hypophosphites of lime and soda in a pleasant cordial, without a trace of the dreaded taste. Instead of being greasy, it is delightful to take. Instead of a fishy smell, it has an appetizing odor.

Hagee's Cordial is not a patent medicine. There's nothing mysterious about it. We have simply taken a disagreeable but good remedy, and made it better by making it palatable.

FORMULA ON EVERY BOTTLE

Prescribe

CORD. OL. MORRHUAE COMP. (HAGEE)

AND JUDGE OF THE MERITS BY RESULTS

PUT UP IN 16 OZ BOTTLES ONLY.

Katharmon Chemical Co. St. Louis, Mo.

The Kansas Medical College.

Medical Department Washburn College.

COURSE of Medical Study graded through four sessions of seven months in each year. Laboratory facilities modern and complete. Excellent clinical instruction. The teaching facilities and hospital advantages are unsurpassed. For further information and catalogue, address,

J. E. MINNEY, A. M., M. D., DEAN. or R. S. MAGEE, M. D., SECRETARY.

TOPEKA, KANSAS.

The Best Route East and West

IS THE

Three Trains Daily Between Wichita Kansas City and St. Louis

Missouri Pacific Railway

Two Trains Daily for Hot Springs, Ark. Low Rates all the year round

The Colorado Short Line is the Missouri Pacific Ry. Low excursion rates to the resorts and principal cities of Colorado and the West during the summer season.

Elegant Buffet Cafe and Dining Cars on Colorado trains and on day trains between Kansas City and St. Louis.

SEE OUR NEAREST TICKET AGENT, OR WRITE

E. E. BLECKLEY, T. P. A., WICHITA, KANS.

I. R. SHERWIN, P. & T. A., Cor. Douglas & Wichita Sts. WICHITA, KANS.

HEADQUARTERS

FOR

FINE CLOTHING

Hats and Furnishing Goods

GREENFIELD BROS.

WICHITA, KANSAS

Same Price to Everybody

112 East Douglas

I have used Seng and Cactina Pillets in my practice and find that they are all that has been claimed for them. Seng is excellent in those forms of indigestion following chronic catarrh of the stomach and bowels. I like the effect of Cactina Pillets in weak heart. I have used it for the past seven years.

Crawford, Texas. A. M. ARMSTRONG, M. D.

PRACTICE LIMITED TO EYE, EAR, NOSE AND THROAT

J. F. GSELL, M. D.

OFFICE 112 E. DOUGLAS : : : WICHITA, KANSAS

E. E. HAMILTON, M. D.

Practice limited to

EYE, EAR, NOSE and THROAT

128 East Douglas Ave. Bitting Block WICHITA, KANSAS

J. C. BROWN, M. D.

PRACTICE LIMITED TO

EYE, EAR, NOSE AND THROAT

140 NORTH MAIN STREET WICHITA, KANSAS

SANMETTO FOR GENITO-URINARY DISEASES.

A Scientific Blending of True Santal and Saw Palmetto in a Pleasant Aromatic Vehicle.

A Vitalizing Tonic to the Reproductive System.

SPECIALLY VALUABLE IN
PROSTATIC TROUBLES OF OLD MEN—IRRITABLE BLADDER - CYSTITIS—URETHRITIS—PRE-SENILITY.

DOSE:—One Teaspoonful Four Times a Day. OD CHEM. CO., NEW YORK.

Tissue Waste

In morbid conditions following La Grippe, Typhoid, Pneumonia, Malaria, operative treatment and other conditions marked by tissue waste; secondary anemia and persistent decline, Colden's Liquid Beef Tonic has shown itself able to satisfy the demand for constructive metabolism. It creates an appetite for food which is taken with avidity and relish. It imparts strength and completeness to the digestive and nutritive processes. Be specific in ordering "Ext. carnis fl. Comp. (Colden)."

Colden's Liquid Beef Tonic

Literature mailed to physicians on request.

THE CHARLES N. CRITTENTON CO.
Sole Agents for the United States,
115-117 FULTON STREET, NEW YORK.

The Survival of The Fittest

To obtain immediate results in Anaemia, Neurasthenia, Bronchitis, Influenza, Pulmonary Tuberculosis, and during Convalescence after exhausting diseases employ

Fellows' Syrup of Hypophosphites

Contains—Hypophosphites of Iron, Quinine, Strychnine, Lime, Manganese, Potash.

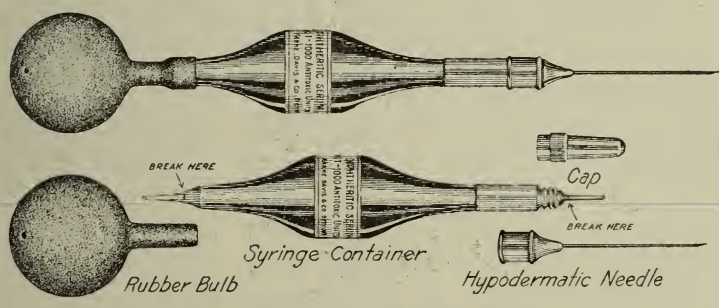
Each fluid drachm contains the equivalent of 1-64th grain of pure strychnine.

Special Note.—Fellows' Hypophosphites *is Never Sold in Bulk.*

Medical letters may be addressed to MR. FELLOWS, 26 Christopher St., New York.

ANTIDIPHTHERITIC SERUM

PACKAGE A - BULB SYRINGE CONTAINER



PURITY! POTENCY! CONVENIENCE!

PARKE, DAVIS & CO.'S ANTIDIPHTHERITIC SERUM is world-renowned for its purity and potency. It is prepared with extraordinary care. It is rigidly tested. It is put up in hermetically sealed glass containers, effectually preserving it from contamination.

EVERY PACKAGE A STERILE SYRINGE.

Our ready-to-use bulb and piston syringes are the most practical and satisfactory of their kind. They are strictly aseptic and easily operated.

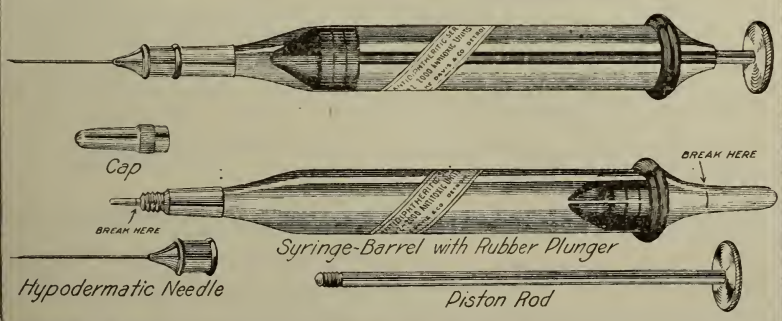
ALWAYS SPECIFY PARKE, DAVIS & CO. AND GET THE BEST.

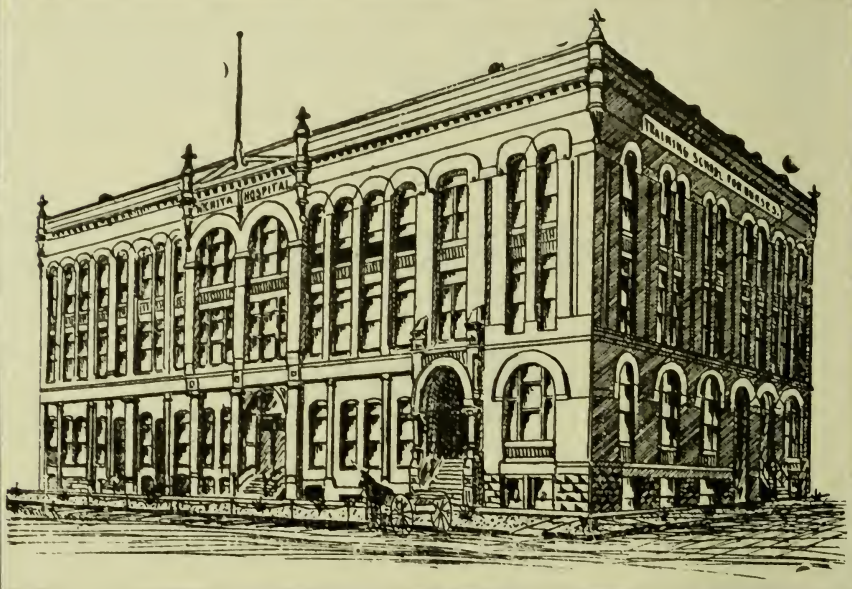
(Package A supplied on unspecified orders.)

PARKE, DAVIS & COMPANY

HOME OFFICES AND LABORATORIES, DETROIT, MICH.

PACKAGE C - PISTON SYRINGE CONTAINER





Wichita Hospital

MODERN and complete in every detail, well heated, ventilated and sunny. Situated near the electric car line at Seneca and Douglas Avenue. : : : : : : : : : : : : :

Men's, Women's and Children's Wards $5 to $7
PER WEEK.

Private Rooms $7 to $20 per week.
CHEERFUL AND WELL FURNISHED.

COMPLETELY equipped operating rooms, laboratory, diet kitchens, obstetrical department, etc. Thoroughly trained nurses in charge of patients. Complete staff of surgeons and physicians for consultation, and a resident physician in attendance. Any letters of inquiry address to : : : : : : : : : :

MISS HELEN FARNSWORTH,
Superintendent Wichita Hospital

We Can Recommend or Send You Trained Nurses on Short Notice.

WICHITA HOSPITAL

TRUE ANIMAL IRON

Physicians everywhere are looking for a **Blood** reconstructant that contains every element of nutrition of the animal, mineral and vegetable kingdoms, viz.: **Animal Iron;** a reconstructant that will supply every deficiency in the blood of anaemic patients in adequate quantity and quality: one that will nourish—stimulate—assimilate—without tax on the digestive organs. These requirements are all found in perfection in

BOVININE

It Contains 10% Animal Iron,

20% Coagulable Albumen, and all the constituents of healthy **Blood.**

It is thoroughly sterile, requires little or no digestion, and produces blood corpuscles that **Mature.** Corpuscles of fullness and integrity. Herein lies its great superiority over any and all the preparations of inorganic iron. Your microscope will prove the truth of these facts. Our scientific treatise on Haematherapy for the asking. It contains reports of hundreds of cases.

THE BOVININE COMPANY

75 West Houston St., New York

CREIGHTON MEDICAL COLLEGE,

Cor. 14th & Davenport Sts., Omaha, Neb.

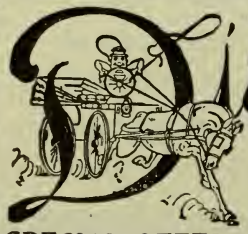
The eleventh annual course of study in this institution will begin Wednesday, Sept. 21, 1904. The course in this college consists of four terms of seven and one-half months each. The first two years are devoted to the study of the so-called scientific branches included in a medical course. For this purpose, the new college building is furnished with lecture rooms and laboratories equipped with the latest and best paraphernalia for teaching, demonstrating and for individual work in these branches. The third and fourth years are given up to the study of what might be termed the practical part of the medical course. Here, the instruction is carried on by means of Clinics and Clinical lectures. The student is brought in contact and becomes familiar with the different phases of all the diseases he reads about. For this purpose the clinical material in St. Joseph and St. Bernard hospitals, the two largest hospitals in the west, is reserved for the exclusive benefit of students attending this school.

All buildings, both college and hospitals, are new and modern and the equipment the best that money can buy. For further information address

D. C. BRYANT, M. D., Sec. Creighton Medical College,
No. 206 McCague Building, Omaha, Nebraska.

I have used more or less of the two elegant preparations, Peacock's Bromides and Chionia during the last two or three years, and must say with very satisfactory results.

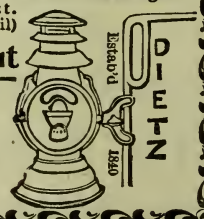
Mitchell, S. D. B. A. BOBB, M. D.



Dietz Driving Lamp

IT is the only perfect one.
IT throws all the light straight ahead from 200 to 300 feet.
IT looks like a locomotive headlight.
IT gives a clear white light.
IT burns kerosene (Coal Oil)

It will not blow nor jar out



SPECIAL OFFER. CUT THIS ADVERTISEMENT OUT and send it to us and we will send book describing our lamp, and will agree to send you one single lamp or a pair at our wholesale price (very much less than the retail price).

R. E. DIETZ COMPANY, 60 Laight St., New York.
ESTABLISHED 1840.

ANTIKAMNIA & HEROIN TABLETS

Belfast Mesh

SUDDEN chilling of the skin causes colds. Woolen underwear does not absorb the excretions of the body—leaves the skin moist and itself becomes wet and stays wet.

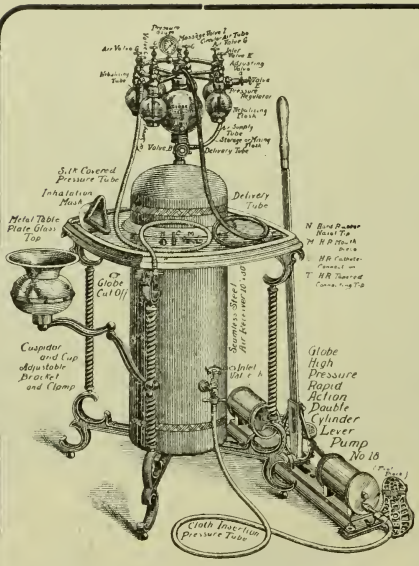
Belfast Mesh Linen absorbs well, dries rapidly.

No chance for sudden chills

Send for our free book,
"Underwear Perfection all the Year Round."

The Belfast Mesh Underwear Co.

200 Mechanic Street, • • • POUGHKEEPSIE, N. Y.



Globe Multinebulizer Outfit No. 655188.

1904 REASONS

Why You Should have a GLOBE OUTFIT and Have it NOW.

1. It will multiply your office practice.

2. It accomplishes the desired results—for you and your patients.

3. The Globe is the only appliance by which Vapor Massage can be administered. Let us tell you why.

4. Only Globe Nebulizers have Dr. Dunlap's Adjustable Vapor Massage Valve. There is no other Vapor Massage Valve.

5. The Globe is the only nebulizer with which you can successfully treat your patients with absolute safety.

6. The Globe equipment—special features and attachments vital to correct nebulizer construction—is far more complete than the equipment of any other Nebulizer.

7 It is less expensive than any Nebulizer outfit.

8. If you already have a Nebulizer and are not satisfied with results, we will make you a liberal exchange proposition.

9. We will take pleasure in advising you freely and frankly as to the best and most economical outfit for your requirements. State your case.

10. We will make you a special holiday bargain. Now is your time.

Globe Manufacturing Co., Battle Creek, Mich., U. S. A.

THE REPUTATION MAKERS.

WHEN YOU USE THE SALICYLATES PRESCRIBE TONGALINE.

RHEUMATISM
NEURALGIA
SCIATICA
LUMBAGO
GOUT
GRIPPE
ETC. ETC.

Tongaline

100 Tongaline TABLETS
A thorough eliminative for the various forms of RHEUMATISM AND NEURALGIA as also LA GRIPPE, NERVOUS HEADACHE, GOUT AND SCIATICA or wherever the SALICYLATES are indicated.
MELLIER DRUG COMPANY, Sole Proprietors, St. Louis

100 Tongaline AND LITHIA TABLETS
TONGALINE ..... 3 GRS.
LITHIUM SALICYLATE ..... 1 GR.
A most effective combination for the elimination of any excess of URIC ACID manifested by a RHEUMATIC or GOUTY DIATHESIS as also by LA GRIPPE, NEURALGIA AND SCIATICA
MELLIER DRUG COMPANY, Sole Proprietors, St. Louis

100 Tongaline AND QUININE TABLETS
TONGALINE ..... 3 1/2 GRS.
QUINIA SULPH. ..... 2 1/2 GRS.
A most effective combination for all MALARIAL CONDITIONS and especially those of a RHEUMATIC AND NEURALGIC CHARACTER being particularly indicated in LA GRIPPE, DENGUE, SCIATICA and LUMBAGO
MELLIER DRUG COMPANY, Sole Proprietors, St. Louis

SAMPLES ON APPLICATION
MELLIER DRUG COMPANY.
ST. LOUIS.

PAPINE IS THE PAIN-RELIEVING PRINCIPLE OF OPIUM. ONE CAN DISPENSE WITH OPIUM THE NARCOTIC; ONE CANNOT DISPENSE WITH OPIUM THE PAIN-RELIEVER. PAPINE PRODUCES NO TISSUE CHANGES, NO CEREBRAL EXCITEMENT, NO INTERFERENCE WITH DIGESTION.

Sample (12 oz.) Bottle Ecthol Sent Free on Receipt of 25 Cts. to Prepay Express.

FORMULA:--One fluid drachm is equal in anodyne power to 1-8 gr. Morphine.

BROMIDIA
ECTHOL
IODIA

BATTLE & CO., CHEMISTS CORPORATION. ST. LOUIS, MO., U. S. A.

THE FAMILY LAXATIVE

The ideal safe family laxative, known as Syrup of Figs is a product of the California Fig Syrup Co., and derives its laxative principles from senna, made pleasant to the taste and more acceptable to the stomach, by being combined with pleasant aromatic syrups and the juice of figs. It is recommended by many of the most eminent physicians, and used by millions of families with entire satisfaction. It has gained its great reputation with the medical profession by reason of the acknowledged skill and care exercised by the California Fig Syrup Co in securing the laxative principles of the senna by an original method of its own. and presenting them in the best and most convenient form. The California Fig Syrup Co. has special facilities for commanding the choicest qualities of Alexandria senna, and its chemists devote their entire attention to the manufacture of the one product. The name—Syrup of Figs—means to the medical profession "the family laxative, manufactured by the California Fig Syrup Co.," and the name of the Company is a guarantee of the excellence of its product. Informed of the above facts, the careful physician will know how to prevent the dispensing of worthless imitations when he recommends or prescribes the original and genuine Syrup of Figs. It is well known to physicians that Syrup of Figs is a **simple, safe** and **reliable** laxative, which does not irritate or debilitate the organs on which it acts, and being pleasant to the taste, it is especially adapted to ladies and children, although generally applicable in all cases. Special investigation of the profession invited.

Syrup of Figs is never sold in bulk. It retails at fifty cents per bottle, and the name, Syrup of Figs, as well as the name of the California Fig Syrup Co. is printed on the wrappers and labels of every bottle.

CALIFORNIA FIG SYRUP CO.,

San Francisco, Cal.

Louisville, Ky, ⌀ ⌀ ⌀ New York, N. Y.

DOSE
One to three teaspoonfuls, according to the amount of Bromides required

THE BEST RESULTS
Are assured in Bromide treatment when you specify

FORMULA
Each fluid drachm represents 15 grains of the combined C. P. Bromides of Potassium, Sodium, Calcium, Ammonium and Lithium

PEACOCK'S BROMIDES

AND THE GENUINE IS DISPENSED

Half-pound bottles only

For Physicians' Prescriptions

Neurologists and General Practitioners prefer it because of its superior qualities over the commercial salts.

For clinical trial we will send full size bottle of either or both preparations to any physician who will pay exp. charges

Hepatic Stimulation **Without Catharsis**

CHIONIA

DOSE
One to two teaspoonfuls three times a day

Re-establishes portal circulation without producing congestion
Invaluable in all ailments due to hepatic torpor

PEACOCK CHEMICAL CO., ST. LOUIS, MO., U.S.A.

FORMULA
Prepared from Chionanthus Virginica, from which the inert and nauseating features of the drug have been eliminated

SENG

A Palatable Preparation of PANAX SCHINSENG in an Aromatic Essence

It promotes Normal Digestion by encouraging the flow of Digestive Fluids
It is the Modern and Most Successful Treatment for
INDIGESTION

A full size bottle, for trial, to physicians who will pay express charges

DOSE: One to two teaspoonfuls three times a day

CACTINA PILLETS

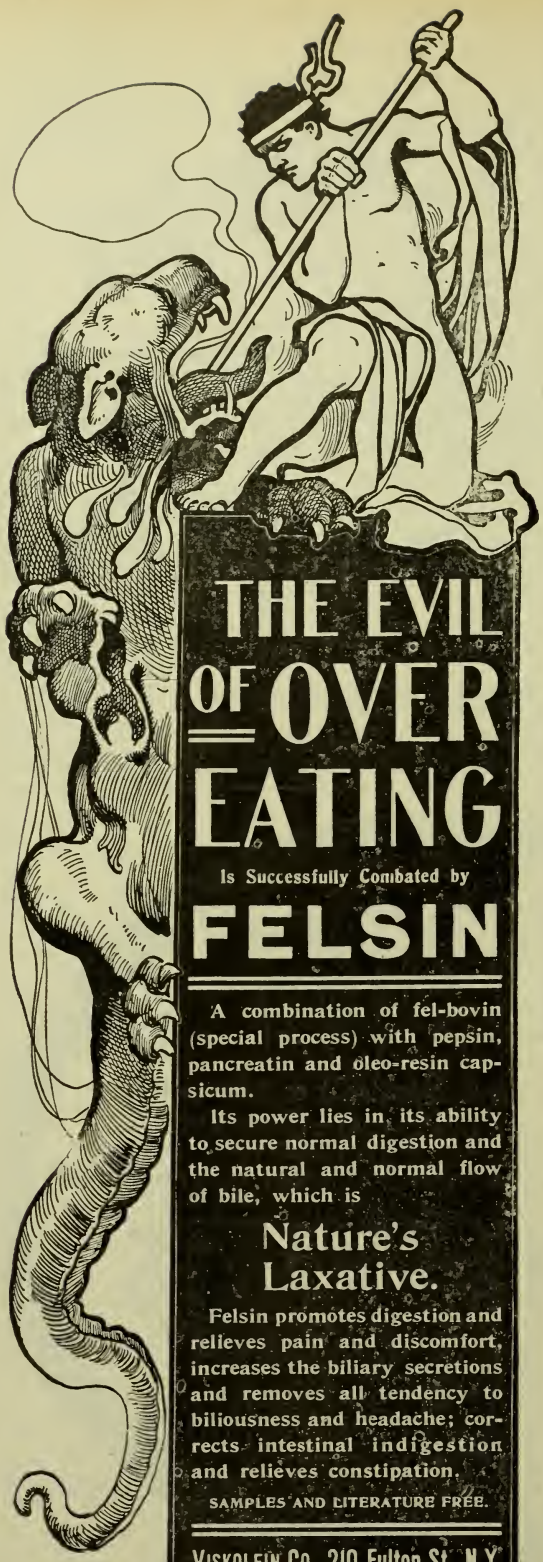
Has Many Advantages Over Other Heart Stimulants

IT HAS NO CUMULATIVE ACTION, AND IS ABSOLUTELY SAFE AND RELIABLE

Each pillet represents one one-hundredth of a grain CACTINA, the active proximate principle of CEREUS GRANDIFLORA

DOSE: One to four pillets three times a day
Samples mailed to physicians only

SULTAN DRUG COMPANY
St. Louis, Mo.



Edward Vail & Co.

JEWELERS

106
East Douglas Ave.
Wichita,
Kansas,

carry the most complete stock in Kansas.

DIAMONDS,
WATCHES,
JEWELRY,
SILVERWARE.
CUT GLASS.
FINE CHINA,
Leather Goods.

Watch and Jewelry Repairing. Manufacturers of Special Order Work.

Artistic Engravers.

WOODWARD & CO.,

WHOLESALERS,

Lawrence, Kansas,

invite the orders of physicians for

Drugs, Pharmaceuticals and Chemicals.

Their stock of these is of high quality, as also is their line of Dressings, Bandages, Cottons and the like.

The house is old but not weary of well doing. Orders are filled with absolute fidelity to specifications in all instances.

Grandview Sanitarium

Is a pleasant home and a high grade Sanitarium for the cure and treatment of Mental and Nervous Diseases, the Drug Habit and Inebriety.

Situated opposite New City Park, ½ mile west of terminus of Grandview Car Line.

It is a handsomely constructed three-story brick building of modern design, commodious in all its departments, well lighted, heated, ventilated, and fully equipped with all modern appliances for the care and treatment of such cases. An abundant supply of spring water. Liberal and home-like cuisine. Special nurse to each case.

Correspondence solicited concerning the treatment of mental disorders, Management STRICTLY ETHICAL. Address,

GEO. M. MAY, M. D., Surgeon.
H. O. HAMWALT, M. D., Consultant.
Telephone, 832 Hickory.

S. S. GLASSCOCK, M. D., Medical Director.
F. M. TRACY, M. D., General Manager.
Office, 534 Minnesota Avenue.

EVERGREEN PLACE HOSPITAL.

INCORPORATED.

LEAVENWORTH, KANSAS.

Hospital and Home for Nervous Invalids.

Heated by steam. Lighted by Electricity. Hot and Cold water on each floor. Electric Massage by thoroughly trained attendants. Milk and Vegetables furnished by their own dairy and gardens. Fruits in season. All Patients thoroughly classified. Four Parlors. Four Diningrooms. Thirty elegant Single Rooms. Seven Dormitories. Capacity 100. All medicines and medical attention furnished without extra cost. Management strictly professional. Electric car line to front entrance to grounds. Patients met at Railway Stations if desired. Liquor and Drug habit treated. Lying-in Cases cared for.

TERMS:—From $10 to $25 a week, in advance.

For further information address

C. C. GODDARD, M. D.,

Leavenworth, Kansas.

Training School for nurses. Course two years. Class limited to six. Students receive five dollars the first and eight dollars per month the second year. One month's probation required.

C. J. McGHEE, M. D., Secretary,

Leavenworth, Kansas.

CUSHING HOSPITAL.

6th Ave. and Marshall St.

LEAVENWORTH, KANSAS.

One block from Street Railway.

AMBULANCE SERVICE.

A Fully equipped general hospital, with complete facilities for surgical, medical and obstetric cases

Separate building for contagious diseases.

First-class training school for nurses.

Patients may employ any physician they prefer.

Address,

MISS CARRIE L. TANQUARY,

Superintendent.

Surest Cure=Free!

The Pure Air, the Equable Climate and the Constant Sunshine of

New Mexico, Arizona and California

will effect the speediest cure of throat and lung troubles, if a cure is possible. The resorts in the above sections are unrivaled, offering all of these advantages, with the additional attractions of magnificent scenery, such as petrified forests, mile-deep chasms, prehistoric ruins, Pueblo Indians, giant red woods and old Spanish Missions.

Send 10 Cents in Stamps for Health Pamphlets.

W. J. BLACK,
Gen. Pass. Agt.

Santa Fe

CHICAGO,
ILLINOIS.

NICHOLS' IODIDE of LIME

is a preparation entirely distinct from the Calcium Iodide of commerce. The latter is a stable salt of Calcium and Iodine, of light color and of very little, if any, therapeutic value. Iodide of Lime, on the other hand, is an unstable combination of these two elements of a dark brown color, with a large molecular excess of Iodine. This excess, or supersaturation, is the essential feature of the Brown Iodide of Lime, and can only be secured by its special process of manufacture. It is, therefore, important for the physician to see to it that his patient gets the ***Brown Iodide of Lime,*** and not ordinary Calcium Iodide. We recommend it in the tablet form as being the most practical way of using it.

It may be obtained from local dealers or will be sent, postage prepaid, to any address, at the following prices:

Iodide of Lime, powdered, 1 oz. bottles	. . .	$ .25
" " ¼ gr. tablets, per bottle of 100		.40
" " ½ gr. " " " "	.	.60
" " 1 gr. " " " "	.	1.00

Nichols' Iodide of Lime

is highly endorsed by leading physicians as a specific in all cases of Membraneous Croup, Laryngeal Diptheria, Fibroid Tumors, Whooping Cough, asthma and similar diseases.

Send for interesting reports by prominent physicians.

P. O. ADDRESS:

BILLINGS CLAPP COMPANY,

BOSTON, MASS

March 1904

The Journal of The Kansas Medical Society

OFFICERS OF THE SOCIETY:

W. C. DeVEY, President
G. W. COFFEY, First Vice-President
J. T. SAXTELL, Second Vice-President
S. G. STEWART, Librarian
CHAS. S. HUFFMAN, Recording Secretary
C. C. GODDARD, Corresponding Secretary
L. H. MUNN, Treasurer
G. H. HOXIE, Editor

in which is incorporated

The Wichita Medical Journal

DR. G. K. PURVES, Editor

AND

The Western Medical Journal

OF FORT SCOTT

DR. A. J. ROBERTS, Editor

MAY 1904 LIBRARY

SINGLE COPIES, TEN CENTS YEARLY, ONE DOLLAR

Entered in the postoffice at Topeka, Kansas, as second class matter.

College of

Physicians and Surgeons

Medical Department of
Kansas City University,

KANSAS CITY, KANSAS.

Four year's graded course.
Unsurpassed clinical facilities Laboratories complete. Outdoor obstetric and medical clinic first-class. Anatomical material in abundance. For catalogue address

J. E. SAWTELL, M. D., Dean,
310 Rialto Bldg.,
Kansas City, Mo.

or

E. M. HETHERINGTON, M. D.,
Secretary,
526 Altman Bldg., Kansas City, Mo.

PRACTICE LIMITED TO DISEASES OF EYE, EAR, NOSE AND THROAT.

DR. J. W. MAY.

TELEPHONE 243 WEST.

501-502 Husted Building, ... KANSAS CITY, KANSAS.

TELEPHONE WEST 98. OFFICE HOURS 1 TO 4 P. M.

R. A. ROBERTS, M. D.

RECTAL AND GENITO-URINARY DISEASES.

502-3 HUSTED BUILDING.

KANSAS CITY, - - - - - - - - - - - KANSAS.

HERMAN E. PEARSE, M. D.,

SURGEON.

322 RIALTO BUILDING. KANSAS CITY, MO.

P. D. HUGHES, M. D.,

SURGEON.

KANSAS CITY, - - - - - KANSAS.

IND. TELEPHONE 826. OFFICE HOURS 2 TO 5.

DR. WILLIAM E. McVEY.

PRACTICE LIMITED TO

CHEST, THROAT AND NOSE.

625 KANSAS AVENUE TOPEKA, KANSAS.

J. M. POINDEXTER, M. D.,

534 ALTMAN BUILDING. KANSAS CITY, MISSOURI.

PRACTICE LIMITED TO DISEASES OF
THE RECTUM AND SIGMOID FLEXURE.

J. N. SCOTT, M. D.

Practice limited to

X-RAY— AND ELECTRO-THERAPEUTICS. SPECIAL ATTENTION GIVEN
TO THE TREATMENT OF MALIGNANT GROWTHS, PSEUDO-LEUKEMIA
LUPUS, ETC., BY THE X-RAY AND ULTRA-VIOLET LIGHT.

TELEPHONE 2030 MAIN. 212-14-15-16 RIDGE BLDG KANSAS CITY, MO.

K.&O. DOUCHE FOR THE APPLICATION OF
GLYCO-THYMOLINE TO THE NASAL CAVITIES

GLYCO-THYMOLINE

IS USED FOR CATARRHAL CONDITIONS OF
MUCOUS MEMBRANE IN ANY PART OF THE BODY

Nasal, Throat, Stomach, Intestinal
Rectal and Utero-Vaginal Catarrh

KRESS & OWEN COMPANY - 210 Fulton Street, New York

HUNGRY BLOOD

Blood that is starved because it has not the capacity for absorbing oxygen; thin blood which has not been nourished; weak blood which has lost the power for replenishing waste and building new tissue. Thin blood makes a thin body. Feed the blood and you feed the body. If the blood is lacking in red corpuscles and hæmoglobin it needs rebuilding that it may be capable of performing its task of reconstruction.

SAMPLES AND LITERATURE UPON APPLICATION

Pepto Mangan ("Gude")

is a powerful regenerator of the blood.

Microscopical examinations prove that it builds blood; increases the number of red corpuscles and hæmoglobin in a remarkably short space of time.

PEPTO-MANGAN ("GUDE") is ready for quick absorption and rapid infusion into the circulating fluid and is consequently of marked and certain value in all forms of

Anæmia, Chlorosis, Bright's Disease, Rachitis, Neurasthenia, etc.

To assure proper filling of prescriptions, order Pepto-Mangan ("Gude") in original bottles containing ℥ xi. **It's Never Sold in Bulk.**

M. J. BREITENBACH COMPANY,

LABORATORY, LEIPZIG, GERMANY.

53 WARREN STREET, NEW YORK.

THE REPUTATION MAKERS.

WHEN YOU USE THE SALICYLATES PRESCRIBE TONGALINE.

RHEUMATISM
NEURALGIA
SCIATICA
LUMBAGO
GOUT
GRIPPE
ETC. ETC.

Tongaline

100 Tongaline TABLETS
A thorough eliminative FOR THE VARIOUS FORMS OF RHEUMATISM AND NEURALGIA AS ALSO LA GRIPPE, NERVOUS HEADACHE, GOUT AND SCIATICA OR WHEREVER THE SALICYLATES ARE INDICATED.
MELLIER DRUG COMPANY SOLE PROPRIETORS ST. LOUIS

100 Tongaline AND LITHIA TABLETS
TONGALINE ..... 3 GRS
LITHIUM SALICYLATE ..... 1 GR.
A most effective combination FOR THE ELIMINATION OF ANY EXCESS OF URIC ACID MANIFESTED BY A RHEUMATIC OR GOUTY DIATHESIS AS ALSO BY LA GRIPPE, NEURALGIA AND SCIATICA
MELLIER DRUG COMPANY SOLE PROPRIETORS ST. LOUIS

100 Tongaline AND QUININE TABLETS
TONGALINE ..... 3½ GRS
QUININE SULPH ..... 2½ GRS
A most effective combination FOR ALL MALARIAL CONDITIONS AND ESPECIALLY THOSE OF A RHEUMATIC AND NEURALGIC CHARACTER BEING PARTICULARLY INDICATED IN LA GRIPPE, DENGUE, SCIATICA AND LUMBAGO
MELLIER DRUG COMPANY SOLE PROPRIETORS ST. LOUIS

SAMPLES ON APPLICATION
MELLIER DRUG COMPANY.
ST. LOUIS.

WOODWARD & CO.,

WHOLESALERS,

Lawrence, Kansas,

invite the orders of physicians for

Drugs, Pharmaceuticals and Chemicals.

Their stock of these is of high quality, as also is their line of Dressings, Bandages, Cottons and the like.

The house is old but not weary of well doing. Orders are filled with absolute fidelity to specifications in all instances.

PAPINE IS THE PAIN-RELIEVING PRINCIPLE OF OPIUM. ONE CAN DISPENSE WITH OPIUM THE NARCOTIC; ONE CANNOT DISPENSE WITH OPIUM THE PAIN-RELIEVER. PAPINE PRODUCES NO TISSUE CHANGES, NO CEREBRAL EXCITEMENT, NO INTERFERENCE WITH DIGESTION.

Sample (12 oz.) Bottle Ecthol Sent Free on Receipt of 25 Cts. to Prepay Express.

FORMULA:--One fluid drachm is equal in anodyne power to 1-8 gr. Morphine.

BROMIDIA
ECTHOL
IODIA

BATTLE & CO., CHEMISTS CORPORATION. ST. LOUIS, MO., U. S. A.

Pneumonia

and

Antiphlogistine

In view of the large and increasing mortality rate from pneumonia when treated by the ordinary methods, it behooves every practitioner to pay some heed to the results of the use of Antiphlogistine.

Up-to-date doctors without number everywhere have long ago learned that the best and safest method of local treatment is Antiphlogistine. They therefore have adopted Antiphlogistine as their regular routine treatment which does not in any way interfere with internal medication.

A prominent physician recently remarked: "There was a time when nearly all the children I treated for pneumonia died. In recent years they all get well. The only change made in my treatment is that I now use Antiphlogistine in every case. Draw your own conclusions."

There are certainly some surprises in store for those not acquainted with the results following the proper application of Antiphlogistine in these cases.

If the entire thoracie walls—front, sides and back, are covered with Antiphlogistine as hot as can be borne, fully an eighth of an inch thick, and then covered with a good warm cotton-lined cheesecloth jacket, results are immediately manifest. The pain and the rapid and difficult breathing are promptly ameliorated. The pulse improves, the temperature declines, the muscular and nervous relax, and the greatest of all remedial agents—rest and sleep—are invited and usually follow.

This description is typical of Antiphlogistine's behavior when applied in the first stage of the disease.

If these statements are true, the question is, Why can any physician be found who does not use Antiphlogistine in every case? If false, why do we find 80 per cent or more of the physicians who now look upon Autiphlogistine as an indispensable aid for their pneumonia cases, and why do you find it in every hospital in the land?

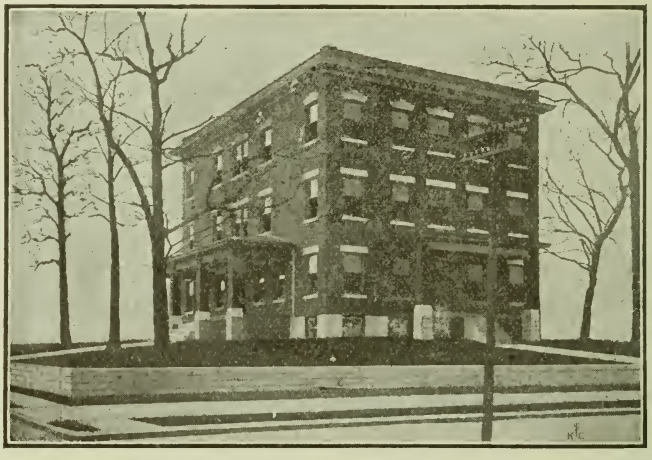
A treatment that insures such results is certainly entitled to the confidence of every practitioner. Antiphlogistine is a scientific preparation having a definite physiological action, and that its remedial value may be fully realized it should be applied with careful attention to detail. Do not try to make a small package do the work of a large package, and do apply Antiphlogistine cold, but thick and hot as can be borne. The usual life of a dressing is twenty-four hours, but it varies, and the dressing should be removed as soon as it will peel off nicely.

You say, how does Antiphlogistine being about such favorable results? It forms the best known methods of applying moist heat continously. By stimulating the cutaneous reflexes it causes a contraction of the deep vessels and coincidently a dilation of the superficial, which action aided by its hygroscopic virtue produces a flushing of the superficial capilaries and thus bleeds but saves the blood, consequently relieving the over-worked heart and all other associated distressing symptoms.

The Denver Chemical Mfg. Co.
New York

Dr. Burnett's Private Home

For Nervous Diseases and Selected Inebriates



The Home is built with up-to-date facilities for the scientific treatment of

Nervous Diseases and Drug Cases,

and open to inspection by the Profession No assumed pretensions are made to deceive patrons or the public.

It is located in a quiet but nice part of the city where the fastidious may avoid publicity.

Therapeutical agents are WATER, ELECTRICITY, ELECTRIC LIGHT BATHS, FOOD, DRUGS, MASSAGE and the REST CURE.

The Electric Light, Bath and Water are on each floor. The Electric Operating Room contains Electrolytic, Diagnostic and Therapeutic Galvanic Currents, and the Electric Vibrator for Massage; also one of the largest and most complete and up-to-date Static Machines ever brought west, which was made to order by Van Houten & Ten Broeck of N. Y.

S. GROVER BURNETT, A. M., M. D., Supt. and Prop.,
Formerly Ass't Supt. L. I. Home, (of New York.) for Mental and Nervous Diseases and Inebriates.

REFERENCES BY PERMISSION:

T. D. CROTHERS, M. D., Supt. Walnut Lodge Hospital for Opium and Alcoholic Inebriates, Hartford, Conn.
GRAEME H. HAMMOND, M. D., Prof. Mental and Nervous Diseases, N. Y. Post-Graduate Medical College.
WILLIAM J. MORTON, Prof. Electro-Therapeutics and Mental and Nervous Diseases, N. Y. Post-Graduate Medical College.
FREDERICK PETERSON, M. D., Chief Vanderbilt Clinic. Neurological Depart. College Physicians and Surgeons, N. Y. City.
WILLIAM L. LESZYNSKY, M. D., Neurologist to Demit Dispensary, New York City.

Address Rialto Building, 9th St. and Grand Ave., Kansas City, Mo., or S. W. Cor. 31st and Euclid Ave.

THE GOODNESS ISN'T THE GREASE

There are just two things about **Cod Liver Oil**—goodness and grease. It used to be thought that you couldn't get the goodness without the grease. That's wrong. The goodness isn't the grease. It is no more necessary to swallow the nauseous grease of **Cod Liver Oil** to get the valuable principles, than it is to eat the shell of an egg to get the meat.

Right there you have the whole secret of the incalculable value of

HAGEE'S CORDIAL OF COD LIVER OIL COMP.

In separating the grease from the valuable properties, nothing is lost in the process. You get all that **Cod Liver Oil** is famed for, joined with the hypophosphites of lime and soda in a pleasant cordial, without a trace of the dreaded taste. Instead of being greasy, it is delightful to take. Instead of a fishy smell, it has an appetizing odor.

Hagee's Cordial is not a patent medicine. There's nothing mysterious about it. We have simply taken a disagreeable but good remedy, and made it better by making it palatable.

FORMULA ON EVERY BOTTLE

Prescribe

CORD. OL. MORRHUAE COMP. (HAGEE)

AND JUDGE OF THE MERITS BY RESULTS

PUT UP IN 16 OZ BOTTLES ONLY.

Katharmon Chemical Co. St. Louis, Mo.

Grandview Sanitarium

Is a pleasant home and a high grade Sanitarium for the cure and treatment of Mental and Nervous Diseases, the Drug Habit and Inebriety.

Situated opposite New City Park, ½ mile west of terminus of Grandview Car Line.

It is a handsomely constructed three-story brick building of modern design, commodious in all its departments, well lighted, heated, ventilated, and fully equipped with all modern appliances for the care and treatment of such cases. An abundant supply of spring water. Liberal and home-like cuisine. Special nurse to each case.

Correspondence solicited concerning the treatment of mental disorders, Management STRICTLY ETHICAL. Address,

GEO. M. GRAY, M. D., Surgeon. *S. S. GLASSCOCK, M. D., Medical Director.*
H. O. HANAWALT, M. D., Consultant. *F. M. TRACY, M. D., General Manager.*
Telephone, 832 Hickory. *Office, 534 Minnesota Avenue.*

STUBBORN MALNUTRITION

Fats are needed. Their absence is a cause of emaciation. Any purported remedy for tubercular and neurotic cases which does not contain a large percentage of fat, will of necessity pass away, because its principle is wrong.

Hydroleine presents cod-liver oil in a form acceptable to weak stomachs which cannot tolerate ordinary emulsions or plain cod-liver oil. If you doubt this, put Hydroleine to the test. Take a case of stubborn malnutrition and prescribe Hydroleine.

Literature sent on application. Sold by druggists generally.

THE CHARLES N. CRITTENTON CO.

Sole Agents for the United States,

115-117 FULTON STREET, NEW YORK.

The Survival of The Fittest

To obtain immediate results in Anaemia, Neurasthenia, Bronchitis, Influenza, Pulmonary Tuberculosis, and during Convalescence after exhausting diseases employ

Fellows' Syrup of Hypophosphites

Contains—Hypophosphites of Iron, Quinine, Strychnine, Lime, Manganese, Potash.

Each fluid drachm contains the equivalent of 1-64th grain of pure strychnine.

Special Note.—Fellows' Hypophosphites *is Never Sold in Bulk.*

Medical letters may be addressed to MR. FELLOWS, 26 Christopher St., New York.

EVERGREEN PLACE HOSPITAL.

INCORPORATED.

LEAVENWORTH, KANSAS.

Hospital and Home for Nervous Invalids.

Heated by steam. Lighted by Electricity. Hot and Cold water on each floor. Electric Massage by thoroughly trained attendants. Milk and Vegetables furnished by their own dairy and gardens. Fruits in season. All Patients thoroughly classified. Four Parlors. Four Diningrooms. Thirty elegant Single Rooms. Seven Dormitories. Capacity 100. All medicines and medical attention furnished without extra cost. Management strictly professional. Electric car line to front entrance to grounds. Patients met at Railway Stations if desired. Liquor and Drug habit treated. Lying-in Cases cared for.

TERMS:—From $10 to $25 a week, in advance.

For further information address

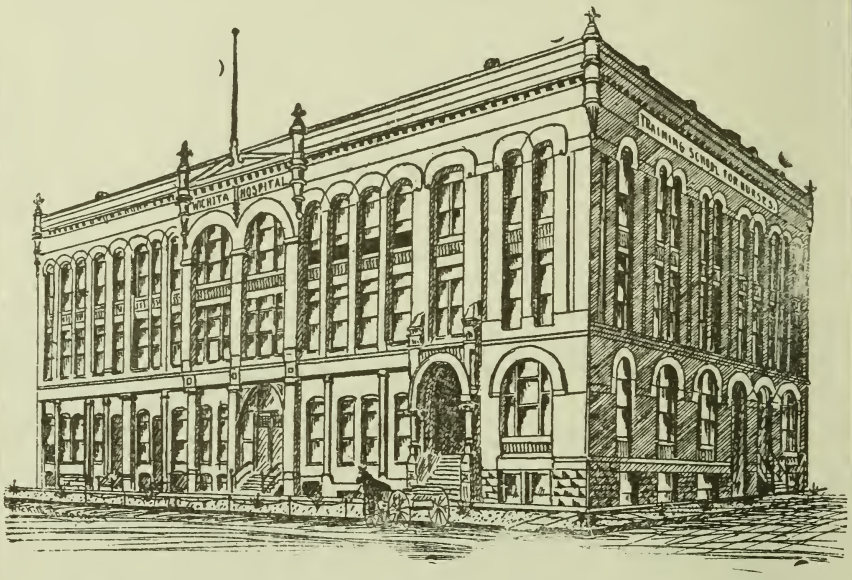
C. C. GODDARD, M. D.,

Leavenworth, Kansas.

Training School for nurses. Course two years. Class limited to six. Students receive five dollars the first and eight dollars per month the second year. One month's probation required.

C. J. McGHEE, M. D., Secretary,

Leavenworth, Kansas.



Wichita Hospital

MODERN and complete in every detail, well heated, ventilated and sunny. Situated near the electric car line at Seneca and Douglas Avenue. : : : : : : : : : : : : :

Men's, Women's and Children's Wards $5 to $7
PER WEEK.

Private Rooms $7 to $20 per week.
CHEERFUL AND WELL FURNISHED.

COMPLETELY equipped operating rooms, laboratory, diet kitchens, obstetrical department, etc. Thoroughly trained nurses in charge of patients. Complete staff of surgeons and physicians for consultation, and a resident physician in attendance. Any letters of inquiry address to : : : : : : : : : :

MISS HELEN FARNSWORTH,
Superintendent Wichita Hospital

We Can Recommend or Send You Trained Nurses on Short Notice.

WICHITA HOSPITAL

CUSHING HOSPITAL.

6th Ave. and Marshall St.

LEAVENWORTH, KANSAS.

One block from Street Railway.

AMBULANCE SERVICE.

A Fully equipped general hospital, with complete facilities for surgical, medical and obstetric cases

Separate building for contagious diseases.

First-class training school for nurses.

Patients may employ any physician they prefer.

Address,

MISS CARRIE L. TANQUARY,

Superintendent.

PRACTICE LIMITED TO EYE, EAR, NOSE AND THROAT

J. F. GSELL, M. D.

OFFICE 112 E. DOUGLAS : : : WICHITA, KANSAS

E. E. HAMILTON, M. D.

Practice limited to

EYE, EAR, NOSE and THROAT

128 East Douglas Ave. Bitting Block WICHITA, KANSAS

J. C. BROWN, M. D.

PRACTICE LIMITED TO

EYE, EAR, NOSE AND THROAT

140 North Main Street WICHITA, KANSAS

The Best Route East and West

IS THE

Three Trains Daily Between Wichita Kansas City and St. Louis

Missouri Pacific Railway

Two Trains Daily for Hot Springs, Ark. Low Rates all the year round

The Colorado Short Line is the Missouri Pacific Ry. Low excursion rates to the resorts and principal cities of Colorado and the West during the summer season.

Elegant Buffet Cafe and Dining Cars on Colorado trains and on day trains between Kansas City and St. Louis.

SEE OUR NEAREST TICKET AGENT, OR WRITE

E. E. BLECKLEY, T. P. A., WICHITA, KANS.

I. R. SHERWIN, P. & T. A., WICHITA, KANS.

Cor. Douglas & Wichita Sts.

Surest Cure=Free!

The Pure Air, the Equable Climate and the Constant Sunshine of

New Mexico, Arizona and California

will effect the speediest cure of throat and lung troubles, if a cure is possible. The resorts in the above sections are unrivaled, offering all of these advantages, with the additional attractions of magnificent scenery, such as petrified forests, mile-deep chasms, prehistoric ruins, Pueblo Indians, giant red-woods and old Spanish Missions.

Send 10 Cents in Stamps for Health Pamphlets.

W. J. BLACK, Gen. Pass. Agt.

Santa Fe

CHICAGO, ILLINOIS.

DOSE
One to three teaspoonfuls, according to the amount of Bromides required

THE BEST RESULTS
Are assured in Bromide treatment when you specify

FORMULA
Each fluid drachm represents 15 grains of the combined C. P. Bromides of Potassium, Sodium, Calcium, Ammonium and Lithium

PEACOCK'S BROMIDES

AND THE GENUINE IS DISPENSED

Half-pound bottles only

For Physicians' Prescriptions

Neurologists and General Practitioners prefer it because of its superior qualities over the commercial salts.

For clinical trial we will send full size bottle of either or both preparations to any physician who will pay exp. charges

Hepatic Stimulation **Without Catharsis**

CHIONIA

DOSE
One to two teaspoonfuls three times a day

Re-establishes portal circulation without producing congestion
Invaluable in all ailments due to hepatic torpor

PEACOCK CHEMICAL CO., ST. LOUIS, MO., U. S. A.

FORMULA
Prepared from Chionanthus Virginica, from which the inert and nauseating features of the drug have been eliminated

SENG

A Palatable Preparation of PANAX SCHINSENG in an Aromatic Essence

It promotes Normal Digestion by encouraging the flow of Digestive Fluids
It is the Modern and Most Successful Treatment for
INDIGESTION

A full size bottle, for trial, to physicians who will pay express charges

DOSE: One to two teaspoonfuls three times a day

CACTINA PILLETS

Has Many Advantages Over Other Heart Stimulants

IT HAS NO CUMULATIVE ACTION, AND IS ABSOLUTELY SAFE AND RELIABLE

Each pillet represents one one-hundredth of a grain CACTINA, the active proximate principle of CEREUS GRANDIFLORA

DOSE: One to four pillets three times a day
Samples mailed to physicians only

SULTAN DRUG COMPANY
St. Louis, Mo.

THE FAMILY LAXATIVE

The ideal safe family laxative, known as Syrup of Figs is a product of the California Fig Syrup Co., and derives its laxative principles from senna, made pleasant to the taste and more acceptable to the stomach, by being combined with pleasant aromatic syrups and the juice of figs. It is recommended by many of the most eminent physicians, and used by millions of families with entire satisfaction. It has gained its great reputation with the medical profession by reason of the acknowledged skill and care exercised by the California Fig Syrup Co. in securing the laxative principles of the senna by an original method of its own. and presenting them in the best and most convenient form. The California Fig Syrup Co. has special facilities for commanding the choicest qualities of Alexandria senna, and its chemists devote their entire attention to the manufacture of the one product. The name—Syrup of Figs—means to the medical profession "the family laxative, manufactured by the California Fig Syrup Co.," and the name of the Company is a guarantee of the excellence of its product. Informed of the above facts, the careful physician will know how to prevent the dispensing of worthless imitations when he recommends or prescribes the original and genuine Syrup of Figs. It is well known to physicians that Syrup of Figs is a **simple, safe** and **reliable** laxative, which does not irritate or debilitate the organs on which it acts, and being pleasant to the taste, it is especially adapted to ladies and children, although generally applicable in all cases. Special investigation of the profession invited.

Syrup of Figs is never sold in bulk. It retails at fifty cents per bottle, and the name, Syrup of Figs, as well as the name of the California Fig Syrup Co. is printed on the wrappers and labels of every bottle.

CALIFORNIA FIG SYRUP CO.,

San Francisco, Cal.

Louisville, Ky, ⌀ ⌀ ⌀ **New York, N. Y.**

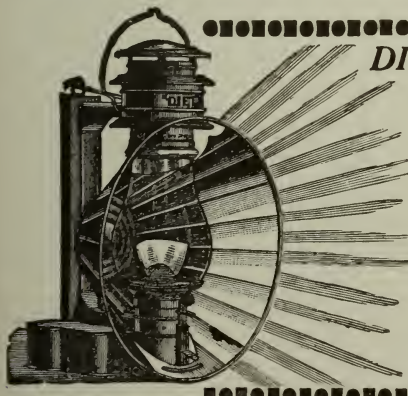
CREIGHTON MEDICAL COLLEGE,

Cor. 14th & Davenport Sts., Omaha, Neb.

The eleventh annual course of study in this institution will begin Wednesday, Sept. 21, 1904. The course in this college consists of four terms of seven and one-half months each. The first two years are devoted to the study of the so-called scientific branches included in a medical course. For this purpose, the new college building is furnished with lecture rooms and laboratories equipped with the latest and best paraphernalia for teaching, demonstrating and for individual work in these branches. The third and fourth years are given up to the study of what might be termed the practical part of the medical course. Here, the instruction is carried on by means of Clinics and Clinical lectures. The student is brought in contact and becomes familiar with the different phases of all the diseases he reads about. For this purpose the clinical material in St. Joseph and St. Bernard hospitals, the two largest hospitals in the west, is reserved for the exclusive benefit of students attending this school.

All buildings, both college and hospitals, are new and modern and the equipment the best that money can buy. For further information address

D. C. BRYANT, M. D., Sec. Creighton Medical College,
No. 206 McCague Building, Omaha, Nebraska.



DIETZ SEARCH LIGHT

For either indoor or outdoor illumination—gives a brilliant, powerful and penetrating light, will not blow out, and has a simple and effective device for raising globe to light or trim. The unusually large and bright Reflector renders this light remarkably searching. We manufacture hundreds of different styles of Lanterns, and if, when you buy such goods, you insist upon having "Dietz'," you will certainly get the best of its class.

R. E. DIETZ COMPANY,

Estab. 1840. ***60 Laight St., New York.***

SANMETTO FOR GENITO-URINARY DISEASES.

A Scientific Blending of True Santal and Saw Palmetto in a Pleasant Aromatic Vehicle.

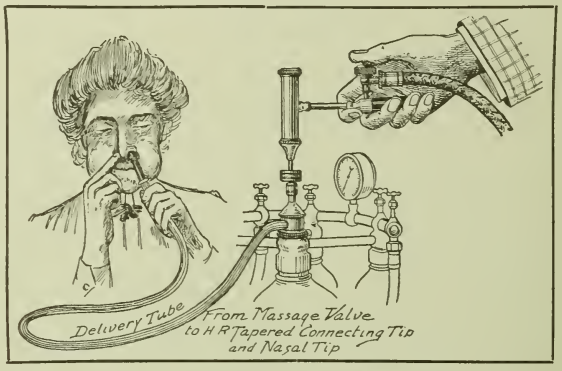
A Vitalizing Tonic to the Reproductive System.

SPECIALLY VALUABLE IN
PROSTATIC TROUBLES OF OLD MEN—IRRITABLE BLADDER - CYSTITIS—URETHRITIS—PRE-SENILITY.

DOSE:—One Teaspoonful Four Times a Day. OD CHEM. CO., NEW YORK.

THOROUGHLY UP-TO-DATE

PRICE ONLY $15.00



Now is Your Opportunity

THE GLOBE EQUIPMENT.

Nebulizer Outfit and Compressed Air Vibrator.

THIS equipment is now used not only as the most rational method for ear, nose, throat and lungs, but by specialists in genito-urinary affections, by gynecologists, and in short by physicians in nearly every specialty with marked success.

NOTE—(a) Globe Nebulizers are the standard.

(b) The Globe is the only appliance by which Vapor Massage can be administered.

(c) The Globe Compressed Air Vibrator is a revelation in the possibilities of mechanical vibration, and in price. A compact, powerful handsome instrument — simply perfect — and fully equal to any high-priced vibrator made for practical results for all purposes of vibration.

(d) Special vibrator tip for Globe Massage Valve for high frequency of positive impulses in middle ear inflation and Vapor Massage. See illustration.

(e) If you have a Nebulizer but desire better results we will make you a liberal exchange proposition.

Write for our Special March and April Offer. Satisfaction guaranteed. Further information on request.

RELIABLE, ENERGETIC SALESMEN WANTED

Globe Manufacturing Company

BATTLE CREEK, MICHIGAN, U. S. A.

BOVININE in ANÆMIA

BOVININE overcomes *Anæmia* logically, rationally and radically, for several substantial reasons:

1. Because it supplies the starving organism with the requisites for immediate reparation.

2. Because it needs no preparation or transformation at the hands of the vital machinery before it can be assimilated and converted into living force. Scores of theoretically excellent foods lack this vital condition, and are therefore appealed to in vain.

3. Because the condition called *Anæmia* results from a form of malnutrition which is not caused by lack of any nutritive element, but by the absolute inertia of the digestive function.

BOVININE comes to the rescue by supplying a vitalized and perfectly compounded pabulum that calls for no chemico-vital effort or expenditure whatever.

Have we made the contrast between **BOVININE** and all the rest of the prepared foods distinct enough?

If not, please apply the crucial test—clinical use—at our expense, and convince yourself that our claims are neither extravagant nor exaggerated, but are strictly based on science.

The Bovinine Company

75 West Houston Street, NEW YORK

Antidiphtheritic Serum

Parke, Davis & Co.'s Antidiphtheritic Serum is

ACCURATELY STANDARDIZED

You know exactly how many antitoxic units each bulb contains. It is

BACTERIOLOGICALLY AND PHYSIOLOGICALLY TESTED

You can rely upon its potency and safety. It is

Supplied in HERMETICALLY SEALED GLASS CONTAINERS

They effectually prevent contamination. Containers are furnished in two styles (see illustrations):

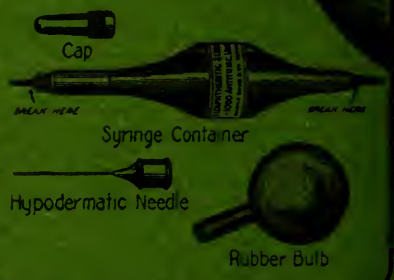
Style A is the most practical bulb-syringe device on the market. (We supply it on unspecified orders.)

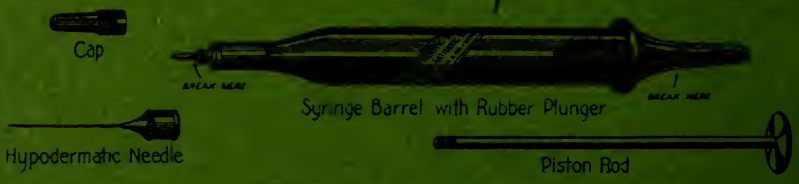
Style C is the best piston-syringe container now in use.

No Guesswork when you use our ANTIDIPHTHERITIC SERUM.

PARKE, DAVIS & CO.

LABORATORIES:
Detroit, Mich., U.S.A.; Walkerville, Ont.; Hounslow, Eng.
BRANCHES:
New York, Chicago, St. Louis, Boston, Baltimore, New Orleans, Kansas City, Indianapolis, Minneapolis, Memphis; London, Eng.; Montreal, Que., Can.; Sydney, N. S. W.; St. Petersburg, Russia; Simla, India; Tokio, Japan.





April 1904

The Journal of

The Kansas Medical Society

OFFICERS OF THE SOCIETY:

W. E. WITT, President
C. W. TOBEY, First Vice-President
J. E. SAWTELL, Second Vice-President
S. G. STEWART, Librarian
CHAS. S. HUFFMAN, Recording Secretary
C. C. GODDARD, Corresponding Secretary
L. H. MUNN, Treasurer
G. H. HOXIE, Editor

in which is incorporated

The Wichita Medical Journal

DR. G. K. FURVES, Editor

AND

The Western Medical Journal

OF FORT SCOTT

DR. A. J. ROBERTS, Editor

MAY 1904

SINGLE COPIES, TEN CENTS YEARLY, ONE DOLLAR

Entered in the postoffice at Topeka, Kansas, as second class matter.

College of

Physicians and Surgeons

Medical Department of
Kansas City University,

KANSAS CITY, KANSAS.

Four year's graded course.
Unsurpassed clinical facilities. Laboratories complete. Outdoor obstetric and medical clinic first-class. Anatomical material in abundance. For catalogue address

J. E. SAWTELL, M. D., Dean,
310 Rialto Bldg.,
Kansas City, Mo.

or

E. M. HETHERINGTON, M. D.,
Secretary,
326 Altman Bldg., Kansas City, Mo.

CONTENTS FOR APRIL, 1904

EDITORIAL—The Policy of our Journal 266
The Purpose of our Organization 267
ROPORTS—The Douglas County Medical Society 270 271
The Second District Society 272
The Topeka Meeting 271
ORIGINAL ARTICLES:
Degeneracy in Therapeutics—DR. J. P. STEWART 282
Facial Palsy—DR. S. GROVER BURNETT 282
McReynolds' Operation for Pterygium—DR. G. A. HAMMAN 285
Education of the Public in Medicine—DR. G. H. HOXIE 275
Loco Once More—PROF. L. E. SAYRE 273
The Conventional Quarantine of Scarlatina—DR. H. L. CHAMBERS 289

The "known office of publication" of this Journal is 900 Tennessee Street, Lawrence, Kansas, to which all communications should be addressed.

Reprints of articles will be furnished at cost, usually $2 50 for 500 copies of a 4 page article, *provided* that the order is given with the manuscrip.

The advertising rate for this Journal is five cents per annum for each copy of circulation, for a whole page; three cents for a half page.

B. F. CRUMMER, M. D., President. D. A. FOOTE, Vice-President.

Physicians Casuality Association

DIRECTORS:
C. C. ALLISON, M. D., Omaha, Neb.
F. S. OWEN, M. D., Omaha, Neb.
ROB'T GILMORE, M. D., Omaha, Neb.
W. F. MILROY, M. D., Omaha, Neb.
R. W. CONNELL, M. D., Omaha, Neb.
D. C. BRYANT, M. D., Omaha, Neb.
V. L. TREYNOR, M. D., Council Bluffs, Neb.
C. M. SCHINDEL, M. D., So. Omaha, Neb.
A. R. RAY, M. D., Fairfield, Neb.

A MUTUAL ASSOCIATION OF PHYSICIANS AND SURGEONS TO PROVIDE ACCIDENT INSURANCE AT ACTUAL COST

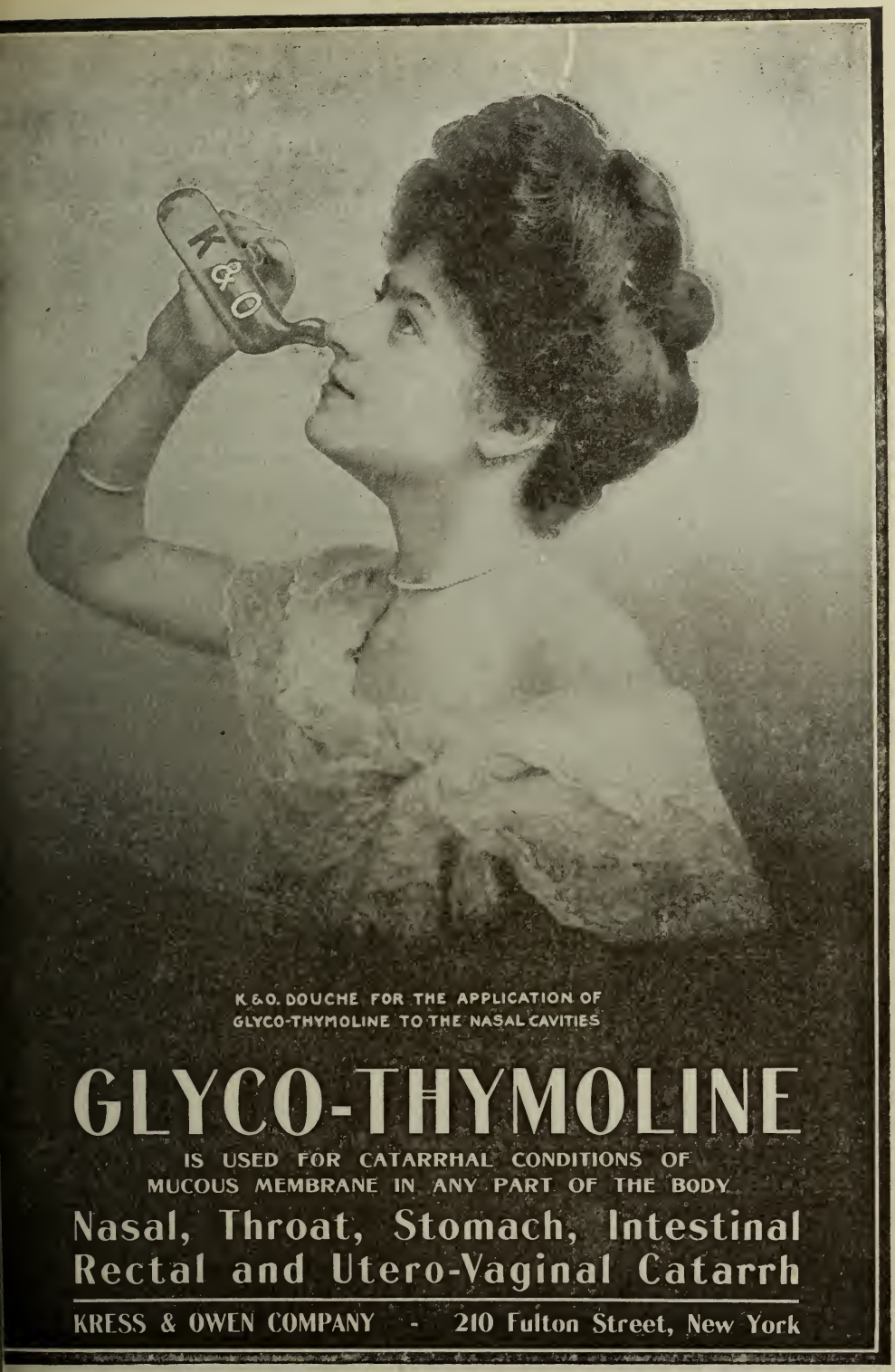
No profits to anyone. Members in 34 States and Canada.

$25.00 WEEKLY COSTS ABOUT $3.00 QURTERLY
OF, BY AND FOR PHYSICIANS.

FOR PARTICULARS, ADDRESS

38-39 U. S. NATIONAL BANK BUILDING.

E. E. ELLIOTT, OMAHA, NEB.
SECRETARY.



K & O. DOUCHE FOR THE APPLICATION OF
GLYCO-THYMOLINE TO THE NASAL CAVITIES

GLYCO-THYMOLINE

IS USED FOR CATARRHAL CONDITIONS OF
MUCOUS MEMBRANE IN ANY PART OF THE BODY

Nasal, Throat, Stomach, Intestinal Rectal and Utero-Vaginal Catarrh

KRESS & OWEN COMPANY - 210 Fulton Street, New York

BLOOD DEGENERACY

may become brain degeneracy. Build up the condition of the blood and you build up the condition of the fundamental force of the body. Blood degeneracy, like moral degeneracy, denotes a lack of power to resist. A weakened condition of the blood leaves the system an easy prey to malarial affections and contagious diseases.

Pepto-Mangan ("Gude")

is the vital force which restores the blood to its normal germicidal potency. It is a nutrient oxygen carrying agent. After typhoid fever and all diseases producing cachexia, when PEPTO-MANGAN ("GUDE") is administered, systemic reconstruction is rapid.

PEPTO-MANGAN ("GUDE") is ready for quick absorption and rapid infusion into the circulating fluid and is consequently of marked and certain value in all forms of

Anæmia, Chlorosis, Bright's Disease, Rachitis, Neurasthenia, etc.

To assure proper filling of prescriptions, order Pepto-Mangan ("Gude") in original bottles containing ℥ xi. *It's Never sold in bulk.*

SAMPLES AND LITERATURE UPON APPLICATION

M. J. BREITENBACH COMPANY,

LABORATORY, LEIPZIG, GERMANY.

53 WARREN STREET, NEW YORK.

THE REPUTATION MAKERS.

WHEN YOU USE THE SALICYLATES PRESCRIBE TONGALINE.

RHEUMATISM
NEURALGIA
SCIATICA
LUMBAGO
GOUT
GRIPPE
ETC. ETC.

Tongaline

100 Tongaline TABLETS
A thorough elimmative for the various forms of RHEUMATISM AND NEURALGIA as also LA GRIPPE, NERVOUS HEADACHE, GOUT AND SCIATICA or wherever the SALICYLATES are indicated.
MELLIER DRUG COMPANY Sole Proprietors St. Louis

100 Tongaline AND LITHIA TABLETS
TONGALINE ..... 3 GRS
LITHIUM SALICYLATE ..... 1 GR.
A most effective combination for the elimination of any excess of URIC ACID manifested by a RHEUMATIC or GOUTY DIATHESIS as also by LA GRIPPE, NEURALGIA AND SCIATICA
MELLIER DRUG COMPANY Sole Proprietors St. Louis

100 Tongaline AND QUININE TABLETS
TONGALINE ..... 3½ GRS
QUINIA SULPH. ..... 2½ GRS
A most effective combination for all MALARIAL CONDITIONS and especially those of a RHEUMATIC and NEURALGIC character being particularly indicated in LA GRIPPE, DENGUE, SCIATICA and LUMBAGO
MELLIER DRUG COMPANY Sole Proprietors St. Louis

SAMPLES ON APPLICATION
MELLIER DRUG COMPANY.
ST. LOUIS.

WOODWARD & CO.,

WHOLESALERS,

Lawrence, Kansas,

invite the orders of physicians for

Drugs, Pharmaceuticals and Chemicals.

Their stock of these is of high quality, as also is their line of Dressings, Bandages, Cottons and the like.

The house is old but not weary of well doing. Orders are filled with absolute fidelity to specifications in all instances.

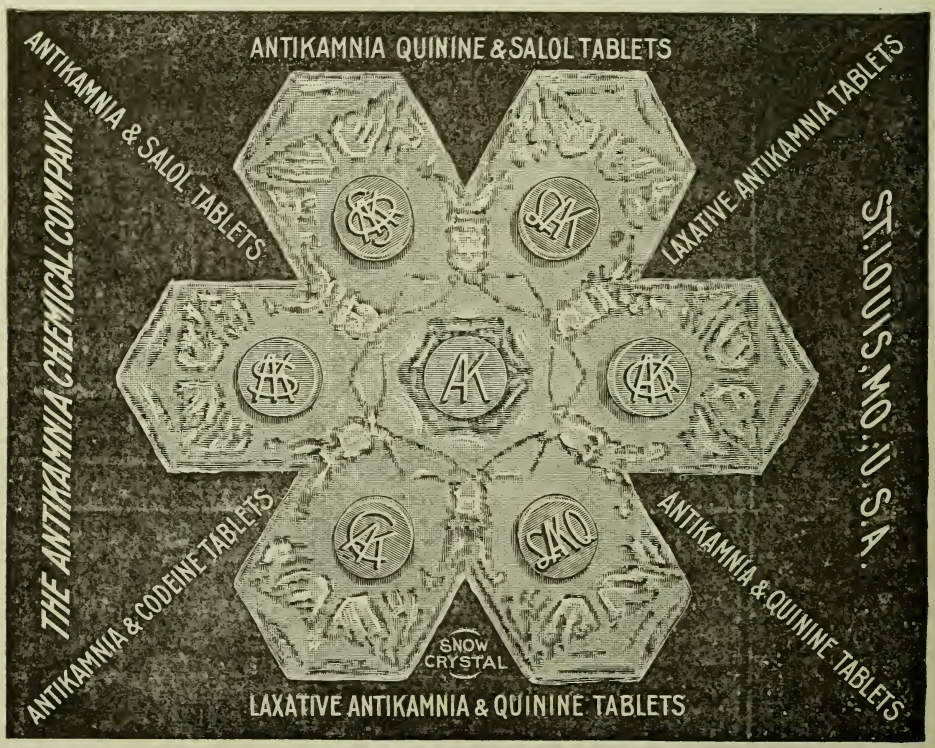
PAPINE IS THE PAIN-RELIEVING PRINCIPLE OF OPIUM. ONE CAN DISPENSE WITH OPIUM THE NARCOTIC; ONE CANNOT DISPENSE WITH OPIUM THE PAIN-RELIEVER. PAPINE PRODUCES NO TISSUE CHANGES, NO CEREBRAL EXCITEMENT, NO INTERFERENCE WITH DIGESTION.

Sample (12 oz.) Bottle Ecthol Sent Free on Receipt of 25 Cts. to Prepay Express.

FORMULA:--One fluid drachm is equal in anodyne power to 1-8 gr. Morphine.

BROMIDIA
ECTHOL
IODIA

BATTLE & CO., CHEMISTS CORPORATION. **ST. LOUIS, MO., U. S. A.**



ANTIKAMNIA & HEROIN TABLETS

Pneumonia

and

Antiphlogistine

In view of the large and increasing mortality rate from pneumonia when treated by the ordinary methods, it behooves every practitioner to pay some heed to the results of the use of Antiphlogistine.

Up-to-date doctors without number everywhere have long ago learned that the best and safest method of local treatment is Antiphlogistine. They therefore have adopted Antiphlogistine as their regular routine treatment which does not in any way interfere with internal medication.

A prominent physician recently remarked: "There was a time when nearly all the children I treated for pneumonia died. In recent years they all get well. The only change made in my treatment is that I now use Antiphlogistine in every case. Draw your own conclusions."

There are certainly some surprises in store for those not acquainted with the results following the proper application of Antiphlogistine in these cases.

If the entire thoracie walls—front, sides and back, are covered with Antiphlogistine as hot as can be borne, fully an eighth of an inch thick, and then covered with a good warm cotton-lined cheesecloth jacket, results are immediately manifest. The pain and the rapid and difficult breathing are promptly ameliorated. The pulse improves, the temperature declines, the muscular and nervous relax, and the greatest of all remedial agents—rest and sleep—are invited and usually follow.

This description is typical of Antiphlogistine's behavior when applied in the first stage of the disease.

If these statements are true, the question is, Why can any physician be found who does not use Antiphlogistine in every case? If false, why do we find 80 per cent or more of the physicians who now look upon Autiphlogistine as an indispensable aid for their pneumonia cases, and why do you find it in every hospital in the land?

A treatment that insures such results is certainly entitled to the confidence of every practitioner. Antiphlogistine is a scientific preparation having a definite physiological action, and that its remedial value may be fully realized it should be applied with careful attention to detail. Do not try to make a small package do the work of a large package, and do apply Antiphlogistine cold, but thick and hot as can be borne. The usual life of a dressing is twenty-four hours, but it varies, and the dressing should be removed as soon as it will peel off nicely.

You say, how does Antiphlogistine being about such favorable results? It forms the best known methods of applying moist heat continously. By stimulating the cutaneous reflexes it causes a contraction of the deep vessels and coincidently a dilation of the superficial, which action aided by its hygroscopic virtue produces a flushing of the superficial capilaries and thus bleeds but saves the blood, consequently relieving the over-worked heart and all other associated distressing symptoms.

The Denver Chemical Mfg. Co.
New York

Dr. Burnett's Private Home

For Nervous Diseases and Selected Inebriates

The Home is built with up-to-date facilities for the scientific treatment of

Nervous Diseases and Drug Cases,

and open to inspection by the Profession No assumed pretensions are made to deceive patrons or the public.

It is located in a quiet but nice part of the city where the fastidious may avoid publicity.

Therapeutical agents are WATER, ELECTRICITY, ELECTRIC LIGHT BATHS, FOOD, DRUGS, MASSAGE and the REST CURE.

The Electric Light, Bath and Water are on each floor. The Electric Operating Room contains Electrolytic, Diagnostic and Therapeutic Galvanic Currents, and the Electric Vibrator for Massage; also one of the largest and most complete and up-to-date Static Machines ever brought west, which was made to order by Van Houten & Ten Broeck of N. Y.

S. GROVER BURNETT, A. M., M. D., Supt. and Prop.,
Formerly Ass't Supt. L. I. Home, (of New York.) for Mental and Nervous Diseases and Inebriates.

REFERENCES BY PERMISSION:

T. D. CROTHERS, M. D., Supt. Walnut Lodge Hospital for Opium and Alcoholic Inebriates, Hartford, Conn.
GRAEME H. HAMMOND, M. D., Prof. Mental and Nervous Diseases, N. Y. Post-Graduate Medical College.
WILLIAM J. MORTON, Prof. Electro-Therapeutics and Mental and Nervous Diseases, N. Y. Post-Graduate Medical College.
FREDERICK PETERSON, M. D., Chief Vanderbilt Clinic, Neurological Depart. College Physicians and Surgeons, N. Y. City.
WILLIAM L. LESZYNSKY, M. D., Neurologist to Demit Dispensary, New York City.

Address Rialto Building, 9th St. and Grand Ave., Kansas City, Mo., or S. W. Cor. 31st and Euclid Ave.

UNIVERSITY

OF

KANSAS.

The School of Medicine offers the first two years of a complete medical course. Graduates with the requisite collegiate training enter easily the best medical schools of the country and finish the complete course in two years.

The Medical Building has been newly fitted up. The Department of Physiology has, for instance, the most complete appliances for advanced laboratory work in the west.

All the laboratories and libraries of the University are open to medical students, so also are the recitals, concerts, art exhibits, and other means of general culture, not ordinarily in connection with schools of medicine. There are 45000 volumes and 30000 pamphlets in the libraries; and the museum collections are worth $300,000.

There are 500 courses offered in the University.

For catalogues and information, address the Chancellor of the University, or the Dean of the Medical School.

PRACTICE LIMITED TO DISEASES OF EYE, EAR, NOSE AND THROAT.

DR. J. W. MAY.

TELEPHONE 243 WEST.

501-502 Husted Building, ... KANSAS CITY, KANSAS.

TELEPHONE WEST 98. OFFICE HOURS 1 TO 4 P. M.

R. A. ROBERTS, M. D.

RECTAL AND GENITO-URINARY DISEASES.

502-3 HUSTED BUILDING.

KANSAS CITY, - - - - - - - - - - - KANSAS.

HERMAN E. PEARSE, M. D.,

SURGEON,

322 RIALTO BUILDING. KANSAS CITY, MO.

P. D. HUGHES, M. D,.

SURGEON,

KANSAS CITY, - - - - - KANSAS.

IND. TELEPHONE 825. OFFICE HOURS, 2 TO 5.

DR. WILLIAM E. McVEY.

PRACTICE LIMITED TO

CHEST, THROAT AND NOSE.

625 KANSAS AVENUE. TOPEKA, KANSAS.

J. M. POINDEXTER, M. D.,

534 ALTMAN BUILDING. KANSAS CITY, MISSOURI.

PRACTICE LIMITED TO DISEASES OF
THE RECTUM AND SIGMOID FLEXURE.

J. N. SCOTT, M. D.

Practice limited to

X-RAY— AND ELECTRO-THERAPEUTICS. SPECIAL ATTENTION GIVEN TO THE TREATMENT OF MALIGNANT GROWTHS. PESUDO-LEUKEMIA LUPUS, ETC., BY THE X-RAY AND ULTRA-VIOLET LIGHT.

TELEPHONE 2030 MAIN. 212-14-15-16 RIDGE BLDG. KANSAS CITY, MO.

THE GOODNESS ISN'T THE GREASE

There are just two things about **Cod Liver Oil**—goodness and grease. It used to be thought that you couldn't get the goodness without the grease. That's wrong. The goodness isn't the grease. It is no more necessary to swallow the nauseous grease of **Cod Liver Oil** to get the valuable principles, than it is to eat the shell of an egg to get the meat.

Right there you have the whole secret of the incalculable value of

HAGEE'S CORDIAL OF COD LIVER OIL COMP.

In separating the grease from the valuable properties, nothing is lost in the process. You get all that **Cod Liver Oil** is famed for, joined with the hypophosphites of lime and soda in a pleasant cordial, without a trace of the dreaded taste. Instead of being greasy, it is delightful to take. Instead of a fishy smell, it has an appetizing odor.

Hagee's Cordial is not a patent medicine. There's nothing mysterious about it. We have simply taken a disagreeable but good remedy, and made it better by making it palatable.

FORMULA ON EVERY BOTTLE

Prescribe

CORD. OL. MORRHUAE COMP. (HAGEE)

AND JUDGE OF THE MERITS BY RESULTS

PUT UP IN 16 OZ BOTTLES ONLY.

Katharmon Chemical Co. St. Louis, Mo.

Grandview Sanitarium

Is a pleasant home and a high grade Sanitarium for the cure and treatment of Mental and Nervous Diseases, the Drug Habit and Inebriety.

Situated opposite New City Park, ½ mile west of terminus of Grandview Car Line.

It is a handsomely constructed three-story brick building of modern design, commodious in all its departments, well lighted, heated, ventilated, and fully equipped with all modern appliances for the care and treatment of such cases. An abundant supply of spring water. Liberal and home-like cuisine. Special nurse to each case.

Correspondence solicited concerning the treatment of mental disorders, Management STRICTLY ETHICAL. Address,

GEO. M. GRAY, M. D., Surgeon. *S. S. GLASSCOCK, M. D., Medical Director.*
H. O. HANAWALT, M. D., Consultant. *F. M. TRACY, M. D., General Manager.*
Telephone, 832 Hickory. *Office, 534 Minnesota Avenue.*

Malarial Cachexia

The physician's work is not done when he has checked the paroxysms. Too many cases "hang fire." They need a constructive, restorative, building-up treatment. They need Colden's Liquid Beef Tonic to overcome the mental depression, dyspepsia, constipation, bilious attacks, enlargement of liver, dullness, cold hands and feet, secondary anemia, bad breath, coated, flabby tongue, and other morbid conditions that follow. Specify "Ext. carnis fl. Comp. (Colden)."

Colden's Liquid Beef Tonic

Literature mailed to physicians on request.

THE CHARLES N. CRITTENTON CO.
Sole Agents for the United States,
115-117 FULTON STREET, NEW YORK.

The Survival of The Fittest

To obtain immediate results in Anaemia, Neurasthenia, Bronchitis, Influenza, Pulmonary Tuberculosis, and during Convalescence after exhausting diseases employ

Fellows' Syrup of Hypophosphites

Contains—Hypophosphites of Iron, Quinine, Strychnine, Lime, Manganese, Potash.

Each fluid drachm contains the equivalent of 1-64th grain of pure strychnine.

Special Note.—Fellows' Hypophosphites *is Never Sold in Bulk.*

Medical letters may be addressed to
MR. FELLOWS, 26 Christopher St., New York.

EVERGREEN PLACE HOSPITAL,

INCORPORATED.

LEAVENWORTH, KANSAS.

Hospital and Home for Nervous Invalids.

Heated by steam. Lighted by Electricity. Hot and Cold water on each floor. Electric Massage by thoroughly trained attendants. Milk and Vegetables furnished by their own dairy and gardens. Fruits in season. All Patients thoroughly classified. Four Parlors. Four Diningrooms. Thirty elegant Single Rooms. Seven Dormitories. Capacity 100. All medicines and medical attention furnished without extra cost. Management strictly professional. Electric car line to front entrance to grounds. Patients met at Railway Stations if desired. Liquor and Drug habit treated. Lying-in Cases cared for.

TERMS:—From $10 to $25 a week, in advance.

For further information address

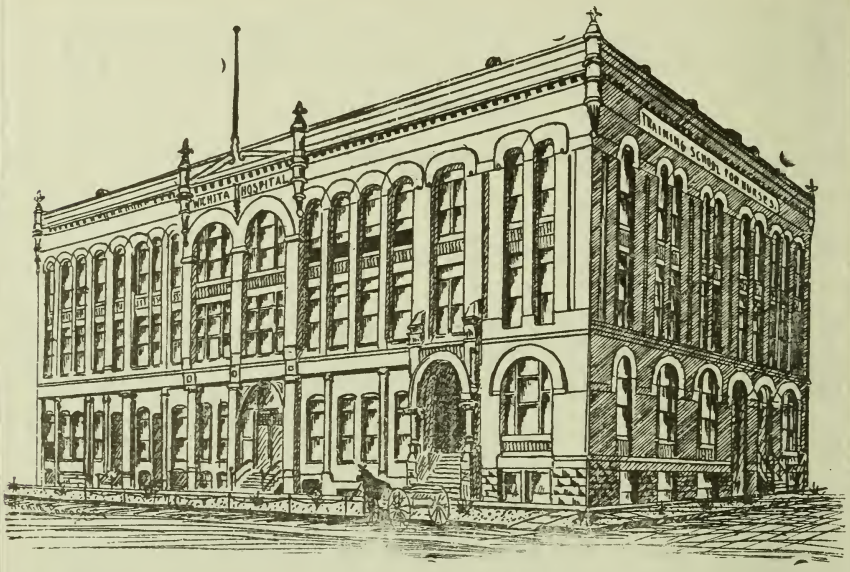
C. C. GODDARD, M. D.,

Leavenworth, Kansas.

Training School for nurses. Course two years. Class limited to six. Students receive five dollars the first and eight dollars per month the second year. One month's probation required.

C. J. McGHEE, M. D., Secretary,

Leavenworth, Kansas.



Wichita Hospital

MODERN and complete in every detail, well heated, ventilated and sunny. Situated near the electric car line at Seneca and Douglas Avenue. : : : : : : : : : : : : :

Men's, Women's and Children's Wards $5 to $7
PER WEEK.

Private Rooms $7 to $20 per week.
CHEERFUL AND WELL FURNISHED.

COMPLETELY equipped operating rooms, laboratory, diet kitchens, obstetrical department, etc. Thoroughly trained nurses in charge of patients. Complete staff of surgeons and physicians for consultation, and a resident physician in attendance. Any letters of inquiry address to : : : : : : : : : :

MISS HELEN FARNSWORTH,
Superintendent Wichita Hospital

We Can Recommend or Send You Trained Nurses on Short Notice.

WICHITA HOSPITAL

CUSHING HOSPITAL.

6th Ave. and Marshall St.

LEAVENWORTH, KANSAS.

One block from Street Railway.

AMBULANCE SERVICE.

A Fully equipped general hospital, with complete facilities for surgical, medical and obstetric cases

Separate building for contagious diseases.

First-class training school for nurses.

Patients may employ any physician they prefer.

Address,

MISS CARRIE L. TANQUARY,

Superintendent.

PRACTICE LIMITED TO EYE, EAR, NOSE AND THROAT

J. F. GSELL, M. D.

OFFICE 112 E. DOUGLAS : : : WICHITA, KANSAS

E. E. HAMILTON, M. D.

Practice limited to

EYE, EAR, NOSE and THROAT

128 East Douglas Ave. Bitting Block WICHITA, KANSAS

J. C. BROWN, M. D.

PRACTICE LIMITED TO

EYE, EAR, NOSE AND THROAT

140 NORTH MAIN STREET WICHITA, KANSAS

The Best Route East and West

IS THE

Three Trains Daily Between Wichita Kansas City and St. Louis

Missouri Pacific Railway

Two Trains Daily for Hot Springs, Ark. Low Rates all the year round

The Colorado Short Line is the Missouri Pacific Ry. Low excursion rates to the resorts and principal cities of Colorado and the West during the summer season.

Elegant Buffet Cafe and Dining Cars on Colorado trains and on day trains between Kansas City and St. Louis.

SEE OUR NEAREST TICKET AGENT, OR WRITE

E. E. BLECKLEY, T. P. A., WICHITA, KANS.

I. R. SHERWIN, P. & T. A., Cor. Douglas & Wichita Sts. WICHITA, KANS.

Surest Cure=Free!

The Pure Air, the Equable Climate and the Constant Sunshine of

New Mexico, Arizona and California

will effect the speediest cure of throat and lung troubles, if a cure is possible. The resorts in the above sections are unrivaled, offering all of these advantages, with the additional attractions of magnificent scenery, such as petrified forests, mile-deep chasms, prehistoric ruins, Pueblo Indians, giant red-woods and old Spanish Missions.

Send 10 Cents in Stamps for Health Pamphlets.

W. J. BLACK, Gen. Pass. Agt.

Santa Fe

CHICAGO, ILLINOIS.

DOSE
One to three teaspoonfuls, according to the amount of Bromides required

THE BEST RESULTS
Are assured in Bromide treatment when you specify

FORMULA
Each fluid drachm represents 15 grains of the combined C. P. Bromides of Potassium, Sodium, Calcium, Ammonium and Lithium

PEACOCK'S BROMIDES

AND THE GENUINE IS DISPENSED

Half-pound bottles only

For Physicians' Prescriptions

Neurologists and General Practitioners prefer it because of its superior qualities over the commercial salts.

For clinical trial we will send full size bottle of either or both preparations to any physician who will pay exp. charges

Hepatic Stimulation **Without Catharsis**

CHIONIA

DOSE
One to two teaspoonfuls three times a day

Re-establishes portal circulation without producing congestion
Invaluable in all ailments due to hepatic torpor

PEACOCK CHEMICAL CO., ST. LOUIS, MO., U. S. A.

FORMULA
Prepared from Chionanthus Virginica, from which the inert and nauseating features of the drug have been eliminated

SENG

A Palatable Preparation of PANAX SCHINSENG in an Aromatic Essence

It promotes Normal Digestion by encouraging the flow of Digestive Fluids
It is the Modern and Most Successful Treatment for
INDIGESTION

A full size bottle, for trial, to physicians who will pay express charges

DOSE: One to two teaspoonfuls three times a day

CACTINA PILLETS

Has Many Advantages Over Other Heart Stimulants

IT HAS NO CUMULATIVE ACTION, AND IS ABSOLUTELY SAFE AND RELIABLE

Each pillet represents one one-hundredth of a grain CACTINA, the active proximate principle of CEREUS GRANDIFLORA

DOSE: One to four pillets three times a day
Samples mailed to physicians only

SULTAN DRUG COMPANY
St. Louis, Mo.

THE FAMILY LAXATIVE

The ideal safe family laxative, known as Syrup of Figs is a product of the California Fig Syrup Co., and derives its laxative principles from senna, made pleasant to the taste and more acceptable to the stomach, by being combined with pleasant aromatic syrups and the juice of figs. It is recommended by many of the most eminent physicians, and used by millions of families with entire satisfaction. It has gained its great reputation with the medical profession by reason of the acknowledged skill and care exercised by the California Fig Syrup Co. in securing the laxative principles of the senna by an original method of its own. and presenting them in the best and most convenient form. The California Fig Syrup Co. has special facilities for commanding the choicest qualities of Alexandria senna, and its chemists devote their entire attention to the manufacture of the one product. The name—Syrup of Figs—means to the medical profession "the family laxative, manufactured by the California Fig Syrup Co.," and the name of the Company is a guarantee of the excellence of its product. Informed of the above facts, the careful physician will know how to prevent the dispensing of worthless imitations when he recommends or prescribes the original and genuine Syrup of Figs. It is well known to physicians that Syrup of Figs is a **simple, safe** and **reliable** laxative, which does not irritate or debilitate the organs on which it acts, and being pleasant to the taste, it is especially adapted to ladies and children, although generally applicable in all cases. Special investigation of the profession invited.

Syrup of Figs is never sold in bulk. It retails at fifty cents per bottle, and the name, Syrup of Figs, as well as the name of the California Fig Syrup Co. is printed on the wrappers and labels of every bottle.

CALIFORNIA FIG SYRUP CO.,

San Francisco, Cal.

Louisville, Ky, New York, N. Y.

CREIGHTON MEDICAL COLLEGE,

Cor. 14th & Davenport Sts., Omaha, Neb.

The eleventh annual course of study in this institution will begin Wednesday, Sept. 21, 1904. The course in this college consists of four terms of seven and one-half months each. The first two years are devoted to the study of the so-called scientific branches included in a medical course. For this purpose, the new college building is furnished with lecture rooms and laboratories equipped with the latest and best paraphernalia for teaching, demonstrating and for individual work in these branches. The third and fourth years are given up to the study of what might be termed the practical part of the medical course. Here, the instruction is carried on by means of Clinics and Clinical lectures. The student is brought in contact and becomes familiar with the different phases of all the diseases he reads about. For this purpose the clinical material in St. Joseph and St. Bernard hospitals, the two largest hospitals in the west, is reserved for the exclusive benefit of students attending this school.

All buildings, both college and hospitals, are new and modern and the equipment the best that money can buy. In addition to the regular term of seven and one-half months, a spring course of two months in first and second year work will be continued from close of winter term to last of June. For further information address

D. C. BRYANT, M. D., Sec. Creighton Medical College,
No. 205 McCague Building, Omaha, Nebraska.

In the *Yale Alumni Weekly* for February 3, 1904, President Hadley makes a strong plea for the scientific study of medicine—that physicians keep in touch with other scientists and that Universities regard medical studies as valuable for culture and thus include them in the regular curricula. Those of our readers who are working for the higher education of the profession should read this address.

SANMETTO FOR GENITO-URINARY DISEASES.

A Scientific Blending of True Santal and Saw Palmetto in a Pleasant Aromatic Vehicle.

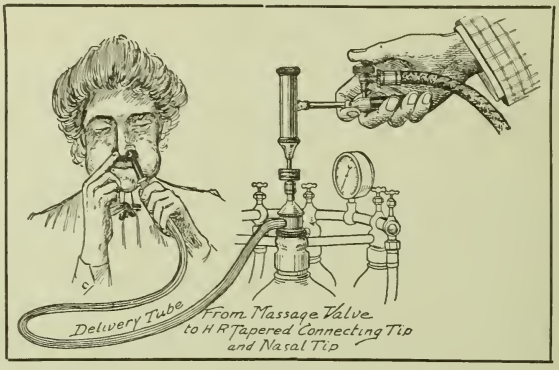
A Vitalizing Tonic to the Reproductive System.

SPECIALLY VALUABLE IN
PROSTATIC TROUBLES OF OLD MEN—IRRITABLE BLADDER—
CYSTITIS—URETHRITIS—PRE-SENILITY.

DOSE:—One Teaspoonful Four Times a Day. OD CHEM. CO., NEW YORK.

THOROUGHLY UP-TO-DATE

PRICE ONLY $15.00



Now is Your Opportunity

THE GLOBE EQUIPMENT.

Nebulizer Outfit and Compressed Air Vibrator.

THIS equipment is now used not only as the most rational method for ear, nose, throat and lungs, but by specialists in genito-urinary affections, by gynecologists, and in short by physicians in nearly every specialty with marked success.

NOTE—(a) Globe Nebulizers are the standard.

(b) The Globe is the only appliance by which Vapor Massage can be administered.

(c) The Globe Compressed Air Vibrator is a revelation in the possibilities of mechanical vibration, and in price. A compact, powerful handsome instrument — simply perfect — and fully equal to any high-priced vibrator made for practical results for all purposes of vibration.

(d) Special vibrator tip for Globe Massage Valve for high frequency of positive impulses in middle ear inflation and Vapor Massage. See illustration.

(e) If you have a Nebulizer but desire better results we will make you a liberal exchange proposition.

Write for our Special March and April Offer. Satisfaction guaranteed. Further information on request.

RELIABLE, ENERGETIC SALESMEN WANTED

Globe Manufacturing Company

BATTLE CREEK, MICHIGAN, U. S. A.

SURGICAL SHOCK

is reduced to a minimum by high rectal injections of **BOVININE** combined with an equal quantity of salt solution to render absorption more rapid. It should be heated to 70°F, and administered prior to, during, and subsequent to operation. The quantity should be suited to the individual case, varying from two to six ounces of each.

Bovinine

improves the heart action and circulation at once; its sustaining effect is continuous for two to three hours.

The blood which has become non-aerated through ether administration is oxygenated by the introduction of a fresh supply, and is rapidly restored to normal condition. To this fact is due the power of **BOVININE** to prevent the thirst, nausea, and emesis, which usually follow anæsthesia.

Its wonderfully nourishing, supporting, and healing properties render it a necessary adjunct to the operating room.

Reports of numerous cases are cited in our scientific treatise on Hæmatherapy. It is yours for the asking.

The Bovinine Company,

75 West Houston Street, NEW YORK.

ANTIDIPHTHERITIC SERUM

BULB-SYRINGE CONTAINER (STYLE A)

PREPARED WITH EXTRAORDINARY CARE.
RIGIDLY TESTED, BACTERIOLOGICALLY AND PHYSIOLOGICALLY.
SUPPLIED IN HERMETICALLY SEALED GLASS CONTAINERS,
EFFECTUALLY PREVENTING CONTAMINATION

OUR READY-TO-USE BULB AND PISTON SYRINGES REPRESENT
THE ACME OF ASEPSIS AND CONVENIENCE.

PISTON-SYRINGE CONTAINER (STYLE C)

VACCINE

THE USE OF OUR BACTERIOLOGICALLY AND PHYSIOLOGICALLY TESTED VACCINE (GLYCERINATED) INSURES

A HIGH PERCENTAGE OF SUCCESSFUL VACCINATIONS;

IMMUNITY FROM ACCIDENT OR UNTOWARD EFFECT.

Capillary Glass Tubes, hermetically sealed, boxes of 10 and 3.
Ivory Points, each in a Lee glass tube, hermetically sealed.

PARKE, DAVIS & CO.

LABORATORIES: DETROIT, MICH., U.S.A.; WALKERVILLE, ONT.; HOUNSLOW, ENG.
BRANCHES: NEW YORK, CHICAGO, ST. LOUIS, BOSTON, BALTIMORE, NEW ORLEANS, KANSAS CITY, MINNEAPOLIS, INDIANAPOLIS, MEMPHIS; LONDON, ENG.; MONTREAL, QUE.; SYDNEY, N.S.W.; ST. PETERSBURG, RUSSIA; SIMLA, INDIA; TOKIO, JAPAN.

May 1904

CONTENTS ON SECOND PAGE OF COVER

The Journal of The Kansas Medical Society

OFFICERS OF THE SOCIETY:

W. E. McVEY, President
G. W. COFFEY, First Vice-President
J. E. SAWTELL, Second Vice-President
S. O. STEWART, Librarian
CHAS. S. HUFFMAN, Recording Secretary
C. C. GODDARD, Corresponding Secretary
L. H. MUNN, Treasurer
G. H. HOXIE, Editor

in which is incorporated

The Wichita Medical Journal

DR. G. K. PURVES, Editor

AND

The Western Medical Journal

OF FORT SCOTT

DR. A. J. ROBERTS, Editor

SINGLE COPIES, TEN CENTS YEARLY, ONE DOLLAR

Entered in the postoffice at Topeka, Kansas, as second class matter.

College of

Physicians and Surgeons

Medical Department of
Kansas City University,

KANSAS CITY, KANSAS.

Four year's graded course.
Unsurpassed clinical facilities. Laboratories complete. Outdoor obstetric and medical clinic first-class. Anatomical material in abundance. For catalogue address

J. E. SAWTELL, M. D., Dean,
310 Rialto Bldg.,
Kansas City, Mo.

or

E. M. HETHERINGTON, M. D.,
Secretary,
526 Altman Bldg., Kansas City, Mo.

CONTENTS FOR MAY, 1904

ORIGINAL ARTICLES—The Effect of the Flood of 1903—BARBER AND WOODIN 290
Eclampsia—DR. M. T. DINGESS 298
Chemical Examination of the Urine—DR. J. F. PRESTON 315

ILLUSTRATIONS—The Officers of the State Society 308-314

REPORTS—The Golden Belt Medical Society 302
Douglas County Medical Society 304
Rice County Society 304
Fourth District Society 305

CORRESPONDENCE 317

BOOK REVIEWS 321

The "known office of publication" of this Journal is 900 Tennessee Street, Lawrence, Kansas, to which all communications should be addressed.

Reprints of articles will be furnished at cost, usually $2.50 for 500 copies of a 4-page article, *provided* that the order is given with the manuscrip.

The advertising rate for this Journal is five cents per annum for each copy of circulation, for a whole page; three cents for a half page.

B. F. CRUMMER, M. D., President. D. A. FOOTE, Vice-President.

Physicians Casuality Association

DIRECTORS:

C. C. ALLISON, M. D., Omaha, Neb.
F. S. OWEN, M. D., Omaha, Neb.
ROB'T GILMORE, M. D., Omaha, Neb.
W. F. MILROY, M. D., Omaha, Neb.
R. W. CONNELL, M. D., Omaha, Neb.
D. C. BRYANT, M. D., Omaha, Neb.
V. L. TREYNOR, M. D., Council Bluffs, Neb.
C. M. SCHINDEL, M. D., So. Omaha, Neb.
A. R. RAY, M. D., Farnfield, Neb.

A MUTUAL ASSOCIATION OF PHYSICIANS AND SURGEONS TO PROVIDE ACCIDENT INSURANCE AT ACTUAL COST

No profits to anyone. Members in 34 States and Canada.

$25.00 WEEKLY COSTS ABOUT $3.00 QUARTERLY

OF, BY AND FOR PHYSICIANS.

FOR PARTICULARS ADDRESS

38-39 U. S. NATIONAL BANK BUILDING. E. E. ELLIOTT, OMAHA, NEB.

SECRETARY.

K.&O. DOUCHE FOR THE APPLICATION OF
GLYCO-THYMOLINE TO THE NASAL CAVITIES.

GLYCO-THYMOLINE

IS USED FOR CATARRHAL CONDITIONS OF
MUCOUS MEMBRANE IN ANY PART OF THE BODY

Nasal, Throat, Stomach, Intestinal Rectal and Utero-Vaginal Catarrh

KRESS & OWEN COMPANY - 210 Fulton Street, New York

Blood Food

To feed the body and starve the blood is like pouring water through a sieve. If the blood is thin and weak, the digestive power of the body is weak. Why feed it food that it cannot take care of?

Feed the blood with

Pepto-Mangan ("Gude")

and the whole body is strengthened and reorganized, and the digestive tract will promptly perform its normal function. The already weakened stomach is not compelled to do extra work; PEPTO-MANGAN ("GUDE") is immediately taken up by the blood and does not produce any gastric disturbance.

To assure proper filling of prescriptions, order Pepto-Mangan ("Gude") in original bottles containing ℥ xi.

IT'S NEVER SOLD IN BULK.

PEPTO MANGAN ("GUDE") is ready for quick absorption and rapid infusion into the circulating fluid and is consequently of marked and certain value in all forms of

Anæmia, Chlorosis,
Bright's Disease,
Rachitis, Neurasthenia, etc

Samples and literature upon application.

M. J. BREITENBACH COMPANY,

LABORATORY,
LEIPZIG, GERMANY.

53 Warren Street, NEW YORK.

THE REPUTATION MAKERS.

WHEN YOU USE THE SALICYLATES PRESCRIBE TONGALINE.

RHEUMATISM
NEURALGIA
SCIATICA
LUMBAGO
GOUT
GRIPPE
ETC. ETC.

100 Tongaline TABLETS
A thorough eliminative FOR THE VARIOUS FORMS OF RHEUMATISM AND NEURALGIA AS ALSO LA GRIPPE, NERVOUS HEADACHE, GOUT AND SCIATICA OR WHEREVER THE SALICYLATES ARE INDICATED.
MELLIER DRUG COMPANY ST. LOUIS

100 Tongaline AND LITHIA TABLETS
TONGALINE ——— 3 GRS.
LITHIUM SALICYLATE — 1 GR.
A most effective combination FOR THE ELIMINATION OF ANY EXCESS OF URIC ACID MANIFESTED BY A RHEUMATIC OR GOUTY DIATHESIS AS ALSO BY LA GRIPPE, NEURALGIA AND SCIATICA
MELLIER DRUG COMPANY ST. LOUIS

100 Tongaline AND QUININE TABLETS
TONGALINE ——— 3½ GRS.
QUINIA SULPH. ——— 2½ GRS.
A most effective combination FOR ALL MALARIAL CONDITIONS AND ESPECIALLY THOSE OF A RHEUMATIC AND NEURALGIC CHARACTER BEING PARTICULARLY INDICATED IN LA GRIPPE, DENGUE, SCIATICA AND LUMBAGO
MELLIER DRUG COMPANY ST. LOUIS

SAMPLES ON APPLICATION
MELLIER DRUG COMPANY.
ST. LOUIS.

WOODWARD & CO.,

WHOLESALERS,

Lawrence, Kansas,

invite the orders of physicians for

Drugs, Pharmaceuticals and Chemicals.

Their stock of these is of high quality, as also is their line of Dressings, Bandages, Cottons and the like.

The house is old but not weary of well doing. Orders are filled with absolute fidelity to specifications in all instances.

PAPINE IS THE PAIN-RELIEVING PRINCIPLE OF OPIUM. ONE CAN DISPENSE WITH OPIUM THE NARCOTIC; ONE CANNOT DISPENSE WITH OPIUM THE PAIN-RELIEVER. PAPINE PRODUCES NO TISSUE CHANGES, NO CEREBRAL EXCITEMENT, NO INTERFERENCE WITH DIGESTION.

Sample (12 oz.) Bottle Ecthol Sent Free on Receipt of 25 Cts. to Prepay Express.

FORMULA:--One fluid drachm is equal in anodyne power to 1-8 gr. Morphine.

BROMIDIA
ECTHOL
IODIA

BATTLE & CO., CHEMISTS CORPORATION, ST. LOUIS, MO., U. S. A.

THE ANTIKAMNIA CHEMICAL COMPANY - ST. LOUIS - U. S. A.

Five-Grain Antikamnia Tablets
Laxative Antikamnia & Quinine Tablets

| AK |

Antikamnia & Codeine Tablets
Antikamnia & Heroin Tablets

Pneumonia

and

Antiphlogistine

In view of the large and increasing mortality rate from pneumonia when treated by the ordinary methods, it behooves every practitioner to pay some heed to the results of the use of Antiphlogistine.

Up-to-date doctors without number everywhere have long ago learned that the best and safest method of local treatment is Antiphlogistine. They therefore have adopted Antiphlogistine as their regular routine treatment which does not in any way interfere with internal medication.

A prominent physician recently remarked: "There was a time when nearly all the children I treated for pneumonia died. In recent years they all get well. The only change made in my treatment is that I now use Antiphlogistine in every case. Draw your own conclusions."

There are certainly some surprises in store for those not acquainted with the results following the proper application of Antiphlogistine in these cases.

If the entire thoracie walls—front, sides and back, are covered with Antiphlogistine as hot as can be borne, fully an eighth of an inch thick, and then covered with a good warm cotton-lined cheesecloth jacket, results are immediately manifest. The pain and the rapid and difficult breathing are promptly ameliorated. The pulse improves, the temperature declines, the muscular and nervous relax, and the greatest of all remedial agents—rest and sleep—are invited and usually follow.

This description is typical of Antiphlogistine's behavior when applied in the first stage of the disease.

If these statements are true, the question is, Why can any physician be found who does not use Antiphlogistine in every case? If false, why do we find 80 per cent or more of the physicians who now look upon Autiphlogistine as an indispensable aid for their pneumonia cases, and why do you find it in every hospital in the land?

A treatment that insures such results is certainly entitled to the confidence of every practitioner. Antiphlogistine is a scientific preparation having a definite physiological action, and that its remedial value may be fully realized it should be applied with careful attention to detail. Do not try to make a small package do the work of a large package, and do apply Antiphlogistine cold, but thick and hot as can be borne. The usual life of a dressing is twenty-four hours, but it varies, and the dressing should be removed as soon as it will peel off nicely.

You say, how does Antiphlogistine being about such favorable results? It forms the best known methods of applying moist heat continously. By stimulating the cutaneous reflexes it causes a contraction of the deep vessels and coincidently a dilation of the superficial, which action aided by its hygroscopic virtue produces a flushing of the superficial capilaries and thus bleeds but saves the blood, consequently relieving the over-worked heart and all other associated distressing symptoms.

The Denver Chemical Mfg. Co.
New York

Dr. Burnett's Private Home

For Nervous Diseases and Selected Inebriates

The Home is built with up-to-date facilities for the scientific treatment of

Nervous Diseases and Drug Cases,

and open to inspection by the Profession. No assumed pretensions are made to deceive patrons or the public.

It is located in a quiet but nice part of the city where the fastidious may avoid publicity.

Therapeutical agents are WATER, ELECTRICITY, ELECTRIC LIGHT BATHS, FOOD, DRUGS, MASSAGE and the REST CURE.

The Electric Light, Bath and Water are on each floor. The Electric Operating Room contains Electrolytic, Diagnostic and Therapeutic Galvanic Currents, and the Electric Vibrator for Massage; also one of the largest and most complete and up-to-date Static Machines ever brought west, which was made to order by Van Houten & Ten Broeck of N. Y.

S. GROVER BURNETT, A. M., M. D., Supt. and Prop.,
Formerly Ass't Supt. L. I. Home, (of New York.) for Mental and Nervous Diseases and Inebriates.

REFERENCES BY PERMISSION:

T. D. CROTHERS, M. D., Supt. Walnut Lodge Hospital for Opium and Alcoholic Inebriates, Hartford, Conn.
GRAEME H. HAMMOND, M. D., Prof. Mental and Nervous Diseases, N. Y. Post-Graduate Medical College.
WILLIAM J. MORTON, Prof. Electro-Therapeutics and Mental and Nervous Diseases, N. Y. Post-Graduate Medical College.
FREDERICK PETERSON, M. D., Chief Vanderbilt Clinic. Neurological Depart. Co lege Physicians and Surgeons, N. Y. City.
WILLIAM L. LESZYNSKY, M. D., Neurologist to Demit Dispensary, New York City.

Address Rialto Building, 9th St. and Grand Ave., Kansas City, Mo., or S. W. Cor. 31st and Euclid Ave.

UNIVERSITY

OF

KANSAS.

The School of Medicine offers the first two years of a complete medical course. Graduates with the requisite collegiate training enter easily the best medical schools of the country and finish the complete course in two years.

The Medical Building has been newly fitted up. The Department of Physiology has, for instance, the most complete appliances for advanced laboratory work in the west.

All the laboratories and libraries of the University are open to medical students, so also are the recitals, concerts, art exhibits, and other means of general culture, not ordinarily in connection with schools of medicine. There are 45000 volumes and 30000 pamphlets in the libraries; and the museum collections are worth $300,000.

There are 500 courses offered in the University.

For catalogues and information, address the Chancellor of the University, or the Dean of the Medical School.

PRACTICE LIMITED TO DISEASES OF EYE, EAR, NOSE AND THROAT.

DR. J. W. MAY.

TELEPHONE 243 WEST.

501-502 Husted Building, ... KANSAS CITY, KANSAS.

TELEPHONE WEST 98. OFFICE HOURS 1 TO 4 P. M.

R. A. ROBERTS, M. D.

RECTAL AND GENITO-URINARY DISEASES.

502-3 HUSTED BUILDING,

KANSAS CITY, - - - - - - - - - - - - KANSAS.

HERMAN E. PEARSE, M. D.,

SURGEON,

322 RIALTO BUILDING. KANSAS CITY, MO.

P. D. HUGHES, M. D,.

SURGEON,

KANSAS CITY, - - - - - - KANSAS.

IND. TELEPHONE 825. OFFICE HOURS 2 TO 5.

DR. WILLIAM E. McVEY.

PRACTICE LIMITED TO

CHEST, THROAT AND NOSE.

625 KANSAS AVENUE. TOPEKA, KANSAS.

J. M. POINDEXTER, M. D.,

534 ALTMAN BUILDING. KANSAS CITY, MISSOURI.

PRACTICE LIMITED TO DISEASES OF
THE RECTUM AND SIGMOID FLEXURE.

J. N. SCOTT, M. D.

Practice limited to

X-RAY—AND ELECTRO-THERAPEUTICS. SPECIAL ATTENTION GIVEN
TO THE TREATMENT OF MALIGNANT GROWTHS, PESUDO-LEUKEMIA
LUPUS, ETC., BY THE X-RAY AND ULTRA-VIOLET LIGHT.

TELEPHONE 2030 MAIN. 212-14-15-16 RIDGE BLDG. KANSAS CITY, MO.

THE GOODNESS ISN'T THE GREASE

There are just two things about **Cod Liver Oil**—goodness and grease. It used to be thought that you couldn't get the goodness without the grease. That's wrong. The goodness isn't the grease. It is no more necessary to swallow the nauseous grease of **Cod Liver Oil** to get the valuable principles, than it is to eat the shell of an egg to get the meat.

Right there you have the whole secret of the incalculable value of

HAGEE'S CORDIAL OF COD LIVER OIL COMP.

In separating the grease from the valuable properties, nothing is lost in the process. You get all that **Cod Liver Oil** is famed for, joined with the hypophosphites of lime and soda in a pleasant cordial, without a trace of the dreaded taste. Instead of being greasy, it is delightful to take. Instead of a fishy smell, it has an appetizing odor.

Hagee's Cordial is not a patent medicine. There's nothing mysterious about it. We have simply taken a disagreeable but good remedy, and made it better by making it palatable.

FORMULA ON EVERY BOTTLE

Prescribe

CORD. OL. MORRHUAE COMP. (HAGEE)

AND JUDGE OF THE MERITS BY RESULTS

PUT UP IN 16 OZ BOTTLES ONLY.

Katharmon Chemical Co. St. Louis, Mo.

Grandview Sanitarium

Is a pleasant home and a high grade Sanitarium for the cure and treatment of Mental and Nervous Diseases, the Drug Habit and Inebriety.

Situated opposite New City Park, ½ mile west of terminus of Grandview Car Line.

It is a handsomely constructed three-story brick building of modern design, commodious in all its departments, well lighted, heated, ventilated, and fully equipped with all modern appliances for the care and treatment of such cases. An abundant supply of spring water. Liberal and home-like cuisine. Special nurse to each case.

Correspondence solicited concerning the treatment of mental disorders, Management STRICTLY ETHICAL. Address,

GEO. M. GRAY, M. D., Surgeon. *S. S. GLASSCOCK, M. D., Medical Director.*
H. O. HANAWALT, M. D., Consultant. *F. M. TRACY, M. D., General Manager.*
Telephone, 832 Hickory. *Office, 534 Minnesota Avenue.*

The Diet in Consumption

Here is a man who has tried nearly every form of cod-liver oil, including the plain oil. His stomach will tolerate none of them. He can eat but little food and continues to lose weight and strength. What shall be done with him?

Prescribe Hydroleine. It will stay down. It will give him an appetite, improve his digestion; his color will become better—showing that new blood is being created; sleep will be less disturbed and he will gain in weight and strength.

You can depend on Hydroleine.

Literature sent on application. Sold by druggists generally.

THE CHARLES N. CRITTENTON CO.

Sole Agents for the United States,

115-117 FULTON STREET, NEW YORK.

IN THE TREATMENT OF

ANÆMIA, NEURASTHENIA, BRONCHITIS, INFLUENZA, PULMONARY TUBERCULOSIS, AND WASTING DISEASES OF CHILDHOOD, AND DURING CONVALESCENCE FROM EXHAUSTING DISEASES,

THE PHYSICIAN OF MANY YEARS' EXPERIENCE

KNOWS THAT, TO OBTAIN IMMEDIATE RESULTS, THERE IS NO REMEDY THAT POSSESSES THE POWER TO ALTER DISORDERED FUNCTIONS, LIKE

"Fellows' Syrup of Hypophosphites"

MANY A TEXT-BOOK ON RESPIRATORY DISEASES SPECIFICALLY MENTIONS THIS PREPARATION AS BEING OF STERLING WORTH.

TRY IT, AND PROVE THESE FACTS.

SPECIAL NOTE.—Fellows' Syrup is never sold in bulk, but is dispensed in bottles containing 15 oz.

MEDICAL LETTERS MAY BE ADDRESSED TO

MR. FELLOWS, 26 CHRISTOPHER STREET, NEW YORK.

USE AN AMERICAN WATER

A BILEN A

THE
AMERICAN NATURAL
CATHARTIC WATER

The Cheapest Cathartic Water, Efficiency and Dosage Considered.

CONDITIONS SUGGESTING THE USE OF
ABILENA

CONSTIPATION—Occasional; Habitual; Chronic.
"BILIOUSNESS."
HEADACHE, DYSPEPSIA—Due to Intestinal Torpidity.
INDISCRETION OF—Eating and Drinking.
OBESITY—Dropsies.

ADJUVANT IN THE TREATMENT OF RHEUMATISM, GOUT, URIC ACID DIATHESIS, AND ALL ALLIED DISORDERS.

Unloads the Glandular System; Removes Metabolic Waste Products. Unexcelled as a Post-Operative Laxative and Cathartic.

UNEXCELLED AS AN ANTE-OPERATIVE LAXATIVE AND CATHARTIC. TRUSTWORTHY. EFFICIENT. SAFE.

FOR SALE BY ALL DRUGGISTS

ABILENE, The AbilenA Co. KANSAS.

USE AN AMERICAN WATER

Keystone Cottage, Under the Pines at Cloudcroft, N. M.

CLOUDCROFT

TO those who instinctively think of New Mexico as a sandy desert or mountainous waste, the above photogravure of a private cottage and surroundings at the Summer Resort, Cloudcroft, N. M., may come as a revelation. Situated at the summit of the Sacramento Mountains, 9000 feet above sea level and reached by a railroad universally acknowledged the acme of civil engineering feats, this resort stands unique.

A booklet splendidly illustrated, describing this resort will be mailed on receipt of four cents postage, by Mr. A. N. Brown, G. P. A., E. P.—N. E. System, El Paso, Texas.

Cloudcroft is probably the best health resort on the continent, pure mountain spring water, absolutely uncontaminated, balsam laden dry aseptic air, and the splendid scenery surrounding, alike contribute to restoration of the fatigued body and mind, and tissue building in the case of invalids. There is absolutely no malaria, (and no mosquitoes) at Cloudcroft.

Dr. G. C. Bryan, Alamagordo, N. M., will answer medical correspondence.

EVERGREEN PLACE HOSPITAL.

INCORPORATED.

LEAVENWORTH, KANSAS.

Hospital and Home for Nervous Invalids.

Heated by steam. Lighted by Electricity. Hot and Cold water on each floor. Electric Massage by thoroughly trained attendants. Milk and Vegetables furnished by their own dairy and gardens. Fruits in season. All Patients thoroughly classified. Four Parlors. Four Diningrooms. Thirty elegant Single Rooms. Seven Dormitories. Capacity 100. All medicines and medical attention furnished without extra cost. Management strictly professional. Electric car line to front entrance to grounds. Patients met at Railway Stations if desired. Liquor and Drug habit treated. Lying-in Cases cared for.

TERMS:—From $10 to $25 a week, in advance.

For further information address

C. C. GODDARD, M. D.,

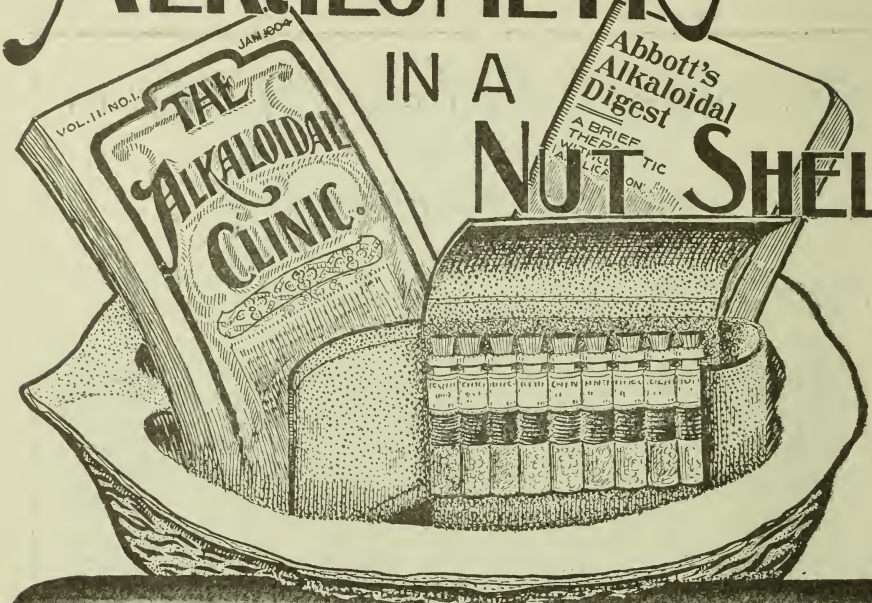
Leavenworth, Kansas.

Training School for nurses. Course two years. Class limited to six. Students receive five dollars the first and eight dollars per month the second year. One month's probation required.

C. J. McGHEE, M. D., Secretary,

Leavenworth, Kansas.

ALKALOMETRY IN A NUT SHELL



Theory and Practice, Text Book and Tools

I have studied active-principle therapeutics for twenty years. I have demonstrated its superiority in practice for fifteen years. With my co-workers, Dr. Waugh and others, I have talked and taught it for twelve years. Today tens of thousands of wide-awake doctors are practicing alkalometry (active-principle therapeutics) with great success and heartily join us in recommending it to you.

SEND ME A DOLLAR AND I WILL SEND YOU

1. THE ALKALOIDAL CLINIC for one year. A monthly journal of current, up-to-date therapeutic thought, teaching the use of the smallest possible quantity of the best obtainable means to produce a desired therapeutic result—twelve post-graduate lessons from the field, from the very firing-line of success.
2. A cloth-bound copy of my "Alkaloidal Digest,"—a 250-page crystallization of my experience and practice, than which, I believe, two covers never held more success-points.
3. A good Leather Pocket-Case—carrying nine representative alkaloids—900 average doses with which to demonstrate the neatness, the convenience and the accuracy of active-principle therapeutics—the "treatment of the sick" done right.

THE CASE WILL BE FILLED WITH:

100 ACONITINE—For Congestive Fevers.
100 HYOSCYAMINE—For Pain and Spasms.
100 PODOPHYLLIN—To Stimulate Secretion.
100 CALOMEL—To do the same thing.
100 CALCIUM SULPHIDE—Systemic Disinfectant.
100 MORPHINE—To use if you have to.
100 ANODYNE for INFANTS—For Baby's Colic.
100 GLONOIN—To Save Life in Shock and Collapse.
100 STRYCHNINE ARS.—To take up the Slack.

With these, and other samples we will send, you can demonstrate to yourself, pro or con, to your own satisfaction, and there's nothing like knowing—knowing things right.

OTHERS SAY:

I do not feel as if I could get along without the CLINIC. It is practical—a real help to the doctor.
C. H. G., M D.,——, New York.

The CLINIC is all right. I have taken it for five years and do not want to try to do without it.
S. S. E , M.D.,——, Illinois.

I must say I like your journal very much. Your therapeutic teachings are in the right direction.
A. T. McM., M.D.,——Ind. Ter.

The CLINIC is the gem of all the medical journals I receive. I wish you the greatest success in your good work. Dr. A. H. F.,—— Indiana.

YOUR MONEY BACK IF NOT SATISFIED.

Do this, do it now, and if you are not satisfied, say so, say why, send back the case and the book, and I'll refund your money; also postage as well.

Dr. W. C. Abbott, *"Editor Alkaloidal Clinic,"* Ravenswood Station, CHICAGO

CUSHING HOSPITAL.

6th Ave. and Marshall St.

LEAVENWORTH, KANSAS.

One block from Street Railway.

AMBULANCE SERVICE.

A Fully equipped general hospital, with complete facilities for surgical, medical and obstetric cases.

Separate building for contagious diseases.

First-class training school for nurses.

Patients may employ any physician they prefer.

Address,

MISS CARRIE L. TANQUARY,

Superintendent.

PRACTICE LIMITED TO EYE, EAR, NOSE AND THROAT

J. F. GSELL, M. D.

OFFICE 112 E. DOUGLAS : : : WICHITA, KANSAS

E. E. HAMILTON, M. D.

Practice limited to

EYE, EAR, NOSE and THROAT

128 East Douglas Ave. Bitting Block WICHITA, KANSAS

J. C. BROWN, M. D.

PRACTICE LIMITED TO

EYE, EAR, NOSE AND THROAT

140 NORTH MAIN STREET WICHITA, KANSAS

The Best Route East and West

IS THE

Three Trains Daily Between Wichita Kansas City and St. Louis

Missouri Pacific Railway

Two Trains Daily for Hot Springs, Ark. Low Rates all the year round

The Colorado Short Line is the Missouri Pacific Ry. Low excursion rates to the resorts and principal cities of Colorado and the West during the summer season.

Elegant Buffet Cafe and Dining Cars on Colorado trains and on day trains between Kansas City and St. Louis.

SEE OUR NEAREST TICKET AGENT, OR WRITE

E. E. BLECKLEY, T. P. A., WICHITA, KANS.

I. R. SHERWIN, P. & T. A., Cor. Douglas & Wichita Sts. WICHITA, KANS.

Surest Cure=Free!

The Pure Air, the Equable Climate and the Constant Sunshine of

New Mexico, Arizona and California

will effect the speediest cure of throat and lung troubles, if a cure is possible. The resorts in the above sections are unrivaled, offering all of these advantages, with the additional attractions of magnificent scenery, such as petrified forests, mile-deep chasms, prehistoric ruins, Pueblo Indians, giant red-woods and old Spanish Missions.

Send 10 Cents in Stamps for Health Pamphlets.

W J. BLACK, Gen. Pass. Agt.

Santa Fe

CHICAGO, ILLINOIS.

DOSE
One to three teaspoonfuls, according to the amount of Bromides required

THE BEST RESULTS
Are assured in Bromide treatment when you specify

FORMULA
Each fluid drachm represents 15 grains of the combined C. P. Bromides of Potassium, Sodium, Calcium, Ammonium and Lithium

PEACOCK'S BROMIDES

AND THE GENUINE IS DISPENSED

Half-pound bottles only

For Physicians' Prescriptions

Neurologists and General Practitioners prefer it because of its superior qualities over the commercial salts.

For clinical trial we will send full size bottle of either or both preparations to any physician who will pay exp. charges

Hepatic Stimulation **Without Catharsis**

CHIONIA

DOSE
One to two teaspoonfuls three times a day

Re-establishes portal circulation without producing congestion
Invaluable in all ailments due to hepatic torpor

PEACOCK CHEMICAL CO., ST. LOUIS, MO., U. S. A.

FORMULA
Prepared from Chionanthus Virginica, from which the inert and nauseating features of the drug have been eliminated

SENG

A Palatable Preparation of PANAX SCHINSENG in an Aromatic Essence

It promotes Normal Digestion by encouraging the flow of Digestive Fluids
It is the Modern and Most Successful Treatment for
INDIGESTION

A full size bottle, for trial, to physicians who will pay express charges

DOSE: One to two teaspoonfuls three times a day

CACTINA PILLETS

Has Many Advantages Over Other Heart Stimulants

IT HAS NO CUMULATIVE ACTION, AND IS ABSOLUTELY SAFE AND RELIABLE

Each pillet represents one one-hundredth of a grain CACTINA, the active proximate principle of CEREUS GRANDIFLORA

DOSE: One to four pillets three times a day
Samples mailed to physicians only

SULTAN DRUG COMPANY
St. Louis, Mo.

THE FAMILY LAXATIVE

The ideal safe family laxative, known as Syrup of Figs is a product of the California Fig Syrup Co., and derives its laxative principles from senna, made pleasant to the taste and more acceptable to the stomach, by being combined with pleasant aromatic syrups and the juice of figs. It is recommended by many of the most eminent physicians, and used by millions of families with entire satisfaction. It has gained its great reputation with the medical profession by reason of the acknowledged skill and care exercised by the California Fig Syrup Co. in securing the laxative principles of the senna by an original method of its own. and presenting them in the best and most convenient form. The California Fig Syrup Co. has special facilities for commanding the choicest qualities of Alexandria senna, and its chemists devote their entire attention to the manufacture of the one product. The name—Syrup of Figs—means to the medical profession "the family laxative, manufactured by the California Fig Syrup Co.," and the name of the Company is a guarantee of the excellence of its product. Informed of the above facts, the careful physician will know how to prevent the dispensing of worthless imitations when he recommends or prescribes the original and genuine Syrup of Figs. It is well known to physicians that Syrup of Figs is a **simple, safe** and **reliable** laxative, which does not irritate or debilitate the organs on which it acts, and being pleasant to the taste, it is especially adapted to ladies and children, although generally applicable in all cases. Special investigation of the profession invited.

Syrup of Figs is never sold in bulk. It retails at fifty cents per bottle, and the name, Syrup of Figs, as well as the name of the California Fig Syrup Co. is printed on the wrappers and labels of every bottle.

CALIFORNIA FIG SYRUP CO.,

San Francisco, Cal.

Louisville, Ky, ✐ ✐ ✐ New York, N. Y.

CREIGHTON MEDICAL COLLEGE,

Cor. 14th & Davenport Sts., Omaha, Neb.

The eleventh annual course of study in this institution will begin Wednesday, Sept. 21, 1904. The course in this college consists of four terms of seven and one-half months each. The first two years are devoted to the study of the so-called scientific branches included in a medical course. For this purpose, the new college building is furnished with lecture rooms and laboratories equipped with the latest and best paraphernalia for teaching, demonstrating and for individual work in these branches. The third and fourth years are given up to the study of what might be termed the practical part of the medical course. Here, the instruction is carried on by means of Clinics and Clinical lectures. The student is brought in contact and becomes familiar with the different phases of all the diseases he reads about. For this purpose the clinical material in St. Joseph and St. Bernard hospitals, the two largest hospitals in the west, is reserved for the exclusive benefit of students attending this school.

All buildings, both college and hospitals, are new and modern and the equipment the best that money can buy. In addition to the regular term of seven and one-half months, a spring course of two months in first and second year work will be continued from close of winter term to last of June. For further information address

D. C. BRYANT, M. D., Sec. Creighton Medical College,
No. 206 McCague Building, Omaha, Nebraska.

J. S. WEVER, M. D.,

EAR—EYE—NOSE—THROAT

404 Bryant Building, : : : : : KANSAS CITY, MO.

INDEPENDENT AND BELL LONG DISTANCE PHONES NO. 411.

J. C. McCLINTOCK,

SURGEON.

1313 Filmore Street . . . . . TOPEKA, KANSAS.

William F. Bernart, M. D.,

HOT SPRINGS, : : : : : : ARKANSAS.

THOROUGHLY UP-TO-DATE

PRICE ONLY $15.00

Now is Your Opportunity

THE GLOBE EQUIPMENT.

Nebulizer Outfit and Compressed Air Vibrator.

THIS equipment is now used not only as the most rational method for ear, nose, throat and lungs, but by specialists in genito-urinary affections, by gynecologists, and in short by physicians in nearly every specialty with marked success.

NOTE—(a) Globe Nebulizers are the standard.

(b) The Globe is the only appliance by which Vapor Massage can be administered.

(c) The Globe Compressed Air Vibrator is a revelation in the possibilities of mechanical vibration, and in price. A compact, powerful handsome instrument — simply perfect — and fully equal to any high-priced vibrator made for practical results for all purposes of vibration.

(d) Special vibrator tip for Globe Massage Valve for high frequency of positive impulses in middle ear inflation and Vapor Massage. See illustration.

(e) If you have a Nebulizer but desire better results we will make you a liberal exchange proposition.

Write for our Special March and April Offer. Satisfaction guaranteed. Further information on request.

RELIABLE, ENERGETIC SALESMEN WANTED

Globe Manufacturing Company

BATTLE CREEK, MICHIGAN, U. S. A.

THE THIRST AND NAUSEA OF ANÆSTHESIA

are entirely prevented, and the shock of surgical operation greatly relieved by high rectal injections of

Bovinine

It should be administered with salt solution, heated to 70°F, an hour prior to operation, during same if shock is evident, and after returning patient to bed. The quantity of the injection must be suited to the individual case, varying from 2 ounces to 6 ounces of each. The salt solution renders the absorption of the **Bovinine** more rapid, and the heart action is immediately improved; the sustaining effect is continuous for two to three hours. The circulation which has become non-aerated through ether administration is oxygenated by the **Bovinine,** and rapidly restored to normal condition. Hence the absence of nausea and emesis. A postal will bring you our scientific treatise on Hæmatherapy, with reports of numerous cases.

The Bovinine Company,

75 West Houston Street, NEW YORK.

ADRENALIN

ASTRINGENT AND HEMOSTATIC OF MARVELOUS POTENCY.

WIDELY USEFUL IN

SURGERY OF THE EYE, EAR, NOSE, THROAT, VAGINA AND URETHRA,

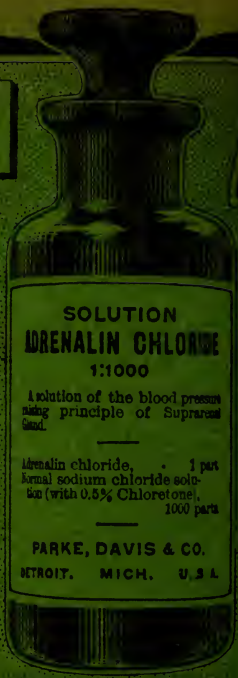
AND IN

PRACTICALLY EVERY FORM OF HEMORRHAGE ENCOUNTERED BY PHYSICIAN AND SURGEON.

Its remarkable potency, broad usefulness, prompt action, and freedom from untoward results, stamp ADRENALIN as one of the most notable agents in the materia medica.

Supplied in solution (ready for use), 1 part Adrenalin Chloride, 1000 parts normal salt solution—in ounce glass-stoppered vials.

LITERATURE ON REQUEST.



ACETOZONE

POWERFUL GERMICIDE AND INTESTINAL ANTISEPTIC.

OF MARKED VALUE IN

TYPHOID FEVER	CHOLERA
DIARRHEA	TONSILLITIS
DYSENTERY	GONORRHEA
PUERPERAL FEVER	MALIGNANT EDEMA

and other diseases of like origin in which the source of infection can be reached by the solution.

In the opinion of many physicians Acetozone is the most remarkable antiseptic ever brought to the attention of the profession.

Supplied in ounce, half-ounce and quarter-ounce bottles; also in vials of 15 grains each, 6 vials in a box.

WRITE FOR BOOKLET WITH CLINICAL REPORTS.

PARKE, DAVIS & CO.

LABORATORIES: DETROIT, MICH., U.S.A.; WALKERVILLE, ONT.; HOUNSLOW, ENG.
BRANCHES: NEW YORK, CHICAGO, ST. LOUIS, BOSTON, BALTIMORE, NEW ORLEANS, KANSAS CITY, MINNEAPOLIS, INDIANAPOLIS, MEMPHIS; LONDON, ENG.; MONTREAL, QUE.; SYDNEY, N.S.W.; ST. PETERSBURG, RUSSIA; SIMLA, INDIA; TOKIO, JAPAN.

June 1904

CONTENTS ON SECOND PAGE OF COVER

The Journal of The Kansas Medical Society

OFFICERS OF THE SOCIETY:

LAWRENCE REYNOLDS, President
CHAS. H. HOFFMAN, Secretary
L. H. BUNN, Treasurer
D. E. ESTERLY, Vice-President
O. J. FURST, Vice President
J. R. CRAWFORD, Vice-President

in which is incorporated

The Wichita Medical Journal

DR. G. K. PURVES, Editor

AND

The Western Medical Journal

OF FORT SCOTT

DR. A. J. ROBERTS, Editor

JUN 1 1904
LIBRARY

SINGLE COPIES, TEN CENTS YEARLY, ONE DOLLAR

Entered in the postoffice at Topeka, Kansas, as second class matter.

College of
Physicians and Surgeons
Medical Department of
Kansas City University,
KANSAS CITY, KANSAS.

Four year's graded course.
Unsurpassed clinical facilities. Laboratories complete. Outdoor obstetric and medical clinic first-class. Anatomical material in abundance. For catalogue address

J. E. SAWTELL, M. D., Dean,
310 Rialto Bldg.,
Kansas City, Mo.

or

E. M. HETHERINGTON, M. D.,
Secretary,
318 Altman Bldg., Kansas City, Mo.

CONTENTS FOR JUNE, 1904

ORIGINAL ARTICLES—Otitis Media—Dr. J. P. Blunk 335
Climatic Treatment of Pulmonary Diseases—Dr. J. N. Hall 340
Chemical Urinalysis—Dr. J. F. Preston 347
A Patient's Story * * * 345

REPORT—Medical Legislation—Dr. G. A. Boyd 324

EDITORIAL 323, 330, 337, 398

SOCIETY REPORTS 331 334

CORRESPONDENCE 338

The "known office of publication" of this Journal is 900 Tennessee Street, Lawrence, Kansas, to which all communications should be addressed.

Reprints of articles will be furnished at cost, usually $2.50 for 500 copies of a 4-page article, *provided* that the order is given with the manuscrip.

The advertising rate for this Journal is five cents per annum for each copy of circulation, for a whole page; three cents for a half page.

B. F. Crummer, M. D., President. D. A. Foote, Vice-President.

Physicians Casuality Association

DIRECTORS:

C. C. Allison, M. D., Omaha, Neb.
F. S. Owen, M. D., Omaha, Neb.
Rob't Gilmore, M. D., Omaha, Neb.
W. F. Milroy, M. D., Omaha, Neb.
R. W. Connell, M. D., Omaha, Neb.
D. C. Bryant, M. D., Omaha, Neb.
V. L. Treynor, M. D., Council Bluffs, Neb.
C. M. Schindel, M. D., So. Omaha, Neb.
A. R. Ray, M. D., Fairfield, Neb.

A MUTUAL ASSOCIATION OF PHYSICIANS AND SURGEONS TO PROVIDE ACCIDENT INSURANCE AT ACTUAL COST

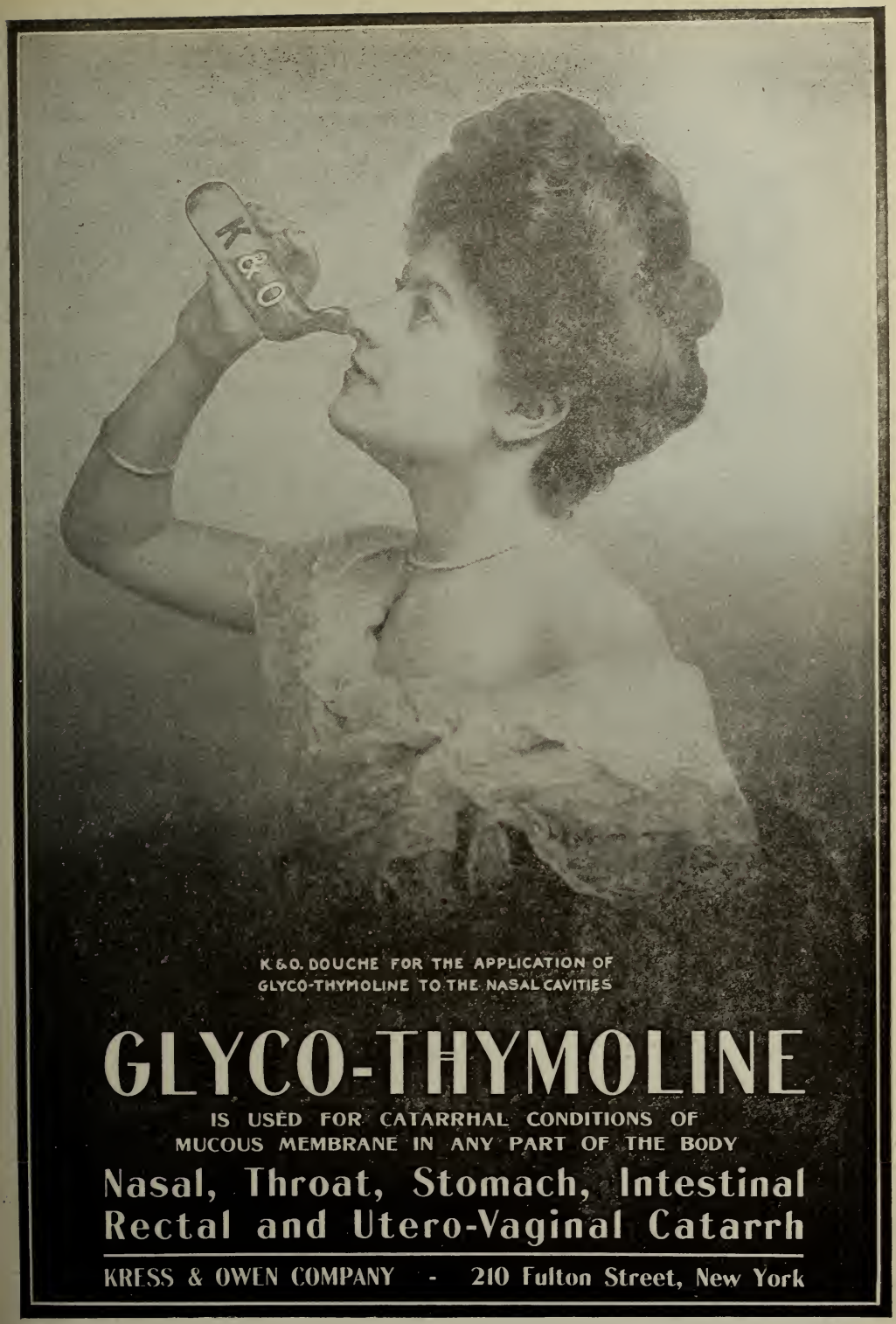
No profits to anyone. Members in 34 States and Canada

$25.00 WEEKLY COSTS ABOUT $3.00 QUARTERLY
: : : : : : : : OF, BY AND FOR PHYSICIANS : : : : : : :

FOR PARTICULARS, ADDRESS

38-39 U. S. National Bank Building.

E. E. ELLIOTT, OMAHA, NEB.
SECRETARY.



K&O. DOUCHE FOR THE APPLICATION OF
GLYCO-THYMOLINE TO THE NASAL CAVITIES

GLYCO-THYMOLINE

IS USED FOR CATARRHAL CONDITIONS OF
MUCOUS MEMBRANE IN ANY PART OF THE BODY

Nasal, Throat, Stomach, Intestinal Rectal and Utero-Vaginal Catarrh

KRESS & OWEN COMPANY - 210 Fulton Street, New York

THE POWER OF THE BLOOD

is lost if the quality of the blood is poor. Build up the quality of the blood by increasing the amount of Hæmoglobin and the number of red corpuscles, and like the force of Niagara, the power of the blood to build new tissue and repair waste will be tremendous.

Pepto Mangan ("Gude")

improves the quality of the blood rapidly and surely. Results are positive and can be proven by scientific tests.

PEPTO-MANGAN ("GUDE") is ready for quick absorption and rapid infusion into the circulating fluid and is consequently of marked and certain value in all forms of

Anæmia, Chlorosis, Bright's Disease, Rachitis, Neurasthenia, &c.

To assure proper filling of prescriptions, order Pepto-Mangan ("Gude") in original bottles containing ℥ xi.

It's never sold in bulk.

Samples and literature upon application.

M. J. BREITENBACH COMPANY,

LABORATORY, LEIPZIG, GERMANY.

53 Warren Street, NEW YORK.

ALL THE SALICYLIC ACID IN TONGALINE IS MADE FROM THE PUREST NATURAL OIL OF WINTERGREEN

Tongaline

POSSESSES

THE ANTISPASMODIC AND SEDATIVE ACTION OF CIMICIFUGA

THE CATHARTIC AND DIURETIC ACTION OF COLCHICINE

THE DIAPHORETIC ACTION OF PILOCARPINE

THE ANTI-RHEUMATIC AND ANTISEPTIC ACTION OF SALICYLIC ACID

RHEUMATISM
NEURALGIA
GRIPPE
GOUT
SCIATICA
LUMBAGO

TONGALINE LIQUID
TONGALINE TABLETS
TONGALINE & LITHIA TABLETS
TONGALINE & QUININE TABLETS

(WRITE FOR SAMPLES)

MELLIER DRUG COMPANY. ST. LOUIS.

WOODWARD & CO.,

WHOLESALERS,

Lawrence, Kansas,

invite the orders of physicians for

Drugs, Pharmaceuticals and Chemicals.

Their stock of these is of high quality, as also is their line of Dressings, Bandages, Cottons and the like.

The house is old but not weary of well doing. Orders are filled with absolute fidelity to specifications in all instances.

PAPINE IS THE PAIN-RELIEVING PRINCIPLE OF OPIUM.

ONE CAN DISPENSE WITH OPIUM THE NARCOTIC; ONE CANNOT DISPENSE WITH OPIUM THE PAIN-RELIEVER. PAPINE PRODUCES NO TISSUE CHANGES, NO CEREBRAL EXCITEMENT, NO INTERFERENCE WITH DIGESTION.

Sample (12 oz.) Bottle Ecthol Sent Free on Receipt of 25 Cts. to Prepay Express.

FORMULA:--One fluid drachm is equal in anodyne power to 1-8 gr. Morphine.

BROMIDIA
ECTHOL
IODIA

BATTLE & CO., CHEMISTS CORPORATION, ST. LOUIS, MO., U. S. A.

A Chestnut has a Burr
Opium a Habit
PAIN has relief in
FIVE-GRAIN Antikamnia Tablets
WHICH DO NOT DEPRESS THE HEART
DO NOT PRODUCE HABIT
ARE ACCURATE—SAFE—SURE
MADE SOLELY BY
The Antikamnia Chemical Company
ST. LOUIS, MO. U.S.A.

SAMPLES AND LITERATURE ON APPLICATION

Five-Grain Antikamnia Tablets
Laxative Antikamnia & Quinine Tablets

| AK |

Antikamnia & Codeine Tablets
Antikamnia & Heroin Tablets

ANTIPHLOGISTINE'S

THERAPEUTIC ACTION is based in theory upon the following fundamental principles, its prime object being to keep the blood circulating in the deceased part:

The blood, which normally circulates fully and freely through the vascular system, is the food supply of the millions of cells which make up the body structure. Inflammation means certain successional deviations or interferences with the circulation in some part or parts. In health, the functions of the vascular system are automatically controlled by the central nervous system. Three fourths of the body composition is fluid—chemically speaking, water, and as a magnet has affinity for particles of steel, so Antiphlogistine has affinity for water. Antiphlogistine is an antiseptic, a non-conductor of heat and a vasomotor stimulant. The skin may be regarded as a permeable membrane, separating two fluids of different densities, the blood and Antiphlogistine. If Antiphlogistine is applied hot under such conditions something definite happens and that scientifically—an interchange of fluids, most marked towards Antiphlogistine; hence the deduction that Antiphlogistine acts through reflex action and dialysis, the latter scientifically including the physical processes of exosmosis and edosmosis.

DEEP-SEATED STRUCTURES—If Antiphlogistine is applied warm and thick, the thicker the better, for pneumonia, pleurisy, bronchitis, peritonitis, or any affection involving deep-seated structures, it maintains a uniform degree of heat for twenty-four hours or more; it stimulates the cutaneous reflexes, causing a contraction of the deep-seated and coincidently a dilation of the superficial blood vessels; at the same time it attracts or draws the blood to the surface--flushes the superficial capillaries—bleeds but saves the blood; thus the aggravating symptoms will be almost always immediately ameliorated: congestion and pain relieved; the temperature declines; blood pressure on the overworked heart is reduced; the muscular and nervous systems is relaxed and refreshing sleep is invited.

SUPERFICAL STRUCTURES—It is no longer proper to treat with the old-fashioned bacteria-breeding flaxseed poultice, boils, felons, sprains, chronic ulcers, inflamed glands, periostitis and other types of inflammation involving comparatively superficial tissues. Antiphlogistine is a soothing antiseptic well adapted to sensitive and abraded surfaces. It draws out or absorbs the liquid exudate from the swollen and sensitive tissues, the result being that the blood is permitted to circulate freely through the affected area and nourishment is conveyed to the injured cells. Through reflex action and endosmosis a stimulating, alterative, tonic and soothing influence is exerted upon the affected cells, lymphatics and other tissues.

GENERAL DIRECTIONS—Always heat in can (never on a cloth) by placing it in hot water. Do not allow water to get into the medicine. When as hot as can be borne, take a suitable knife and apply as quickly as possible, spreading the Antiphlogistine on the skin over the affected part, at least an eighth of an inch thick and covering promptly with a liberal supply of absorbent cotton and a suitable bandage or compress. Needless exposure to the air or contact with water markedly reduces the remedial value of Antiphlogistine, hence make all applications quickly. Remove dressings as soon as they peel off nicely—in twelve to twenty-fours hours.

To insure economy and the best results always order a full package and specify the size required—Small, Medium, Large or Hospital Size.

THE DENVER CHEMICAL MFG. CO.

(Incorporated 1893.)

LONDON OFFICE, 110, CHEAPSIDE, E. C. — NEW YORK, U. S. A. — HOME OFFICE, DENVER.

Dr. Burnett's Private Home

For Nervous Diseases and Selected Inebriates

The Home is built with up-to-date facilities for the scientific treatment of

Nervous Diseases and Drug Cases,

and open to inspection by the Profession No assumed pretensions are made to deceive patrons or the public.

It is located in a quiet but nice part of the city where the fastidious may avoid publicity.

Therapeutical agents are WATER, ELECTRICITY, ELECTRIC LIGHT BATHS, FOOD, DRUGS, MASSAGE and the REST CURE.

The Electric Light, Bath and Water are on each floor. The Electric Operating Room contains Electrolytic, Diagnostic and Therapeutic Galvanic Currents, and the Electric Vibrator for Massage; also one of the largest and most complete and up-to-date Static Machines ever brought west, which was made to order by Van Houten & Ten Broeck of N. Y.

S. GROVER BURNETT, A. M., M. D., Supt. and Prop.,
Formerly Ass't Supt. L. I. Home, (of New York.) for Mental and Nervous Diseases and Inebriates.

REFERENCES BY PERMISSION:

T. D. CROTHERS, M. D., Supt. Walnut Lodge Hospital for Opium and Alcoholic Inebriates, Hartford, Conn.
GRAEME H. HAMMOND, M. D., Prof. Mental and Nervous Diseases, N. Y. Post-Graduate Medical College.
WILLIAM J. MORTON, Prof. Electro-Therapeutics and Mental and Nervous Diseases, N. Y. Post-Graduate Medical College.
FREDERICK PETERSON, M. D., Chief Vanderbilt Clinic. Neurological Depart. College Physicians and Surgeons, N. Y. City.
WILLIAM L. LESZYNSKY, M. D., Neurologist to Demit Dispensary, New York City.

Address Rialto Building, 9th St. and Grand Ave., Kansas City, Mo., or S. W. Cor. 31st and Euclid Ave.

UNIVERSITY

OF

KANSAS.

The School of Medicine offers the first two years of a complete medical course. Graduates with the requisite collegiate training enter easily the best medical schools of the country and finish the complete course in two years.

The Medical Building has been newly fitted up. The Department of Physiology has, for instance, the most complete appliances for advanced laboratory work in the west.

All the laboratories and libraries of the University are open to medical students, so also are the recitals, concerts, art exhibits, and other means of general culture, not ordinarily in connection with schools of medicine. There are 45000 volumes and 30000 pamphlets in the libraries; and the museum collections are worth $300,000.

There are 500 courses offered in the University.

For catalogues and information, address the Chancellor of the University, or the Dean of the Medical School.

PRACTICE LIMITED TO DISEASES OF EYE, EAR, NOSE AND THROAT.

DR. J. W. MAY.

TELEPHONE 243 WEST.

501-502 Husted Building, ... KANSAS CITY, KANSAS.

TELEPHONE WEST 98. OFFICE HOURS 1 TO 4 P. M.

R. A. ROBERTS, M. D.

RECTAL AND GENITO-URINARY DISEASES.

502-3 HUSTED BUILDING.

KANSAS CITY, - - - - - - - - - - - KANSAS.

HERMAN E. PEARSE, M. D.,

SURGEON,

322 RIALTO BUILDING. KANSAS CITY, MO.

P. D. HUGHES, M. D,.

SURGEON,

KANSAS CITY, - - - - - KANSAS.

IND. TELEPHONE 825. OFFICE HOURS 2 TO 5.

DR. WILLIAM E. McVEY.

PRACTICE LIMITED TO

CHEST, THROAT AND NOSE.

625 KANSAS AVENUE. TOPEKA, KANSAS.

J. M. POINDEXTER, M. D.,

534 ALTMAN BUILDING. KANSAS CITY, MISSOURI.

PRACTICE LIMITED TO DISEASES OF
THE RECTUM AND SIGMOID FLEXURE.

J. N. SCOTT, M. D.

Practice limited to

X-RAY— AND ELECTRO-THERAPEUTICS. SPECIAL ATTENTION GIVEN TO THE TREATMENT OF MALIGNANT GROWTHS. PESUDO-LEUKEMIA LUPUS, ETC., BY THE X-RAY AND ULTRA-VIOLET LIGHT.

TELEPHONE 2030 MAIN. 212-14-15-16 RIDGE BLDG. KANSAS CITY, MO.

PROGRESS IN MEDICINE

There must be changes or medical science will stand still. Old things must give way to new—old ideas must be modified. Cod liver oil was first used just as it came from the fish, of dark color and strong odor. Later the oil was refined. After a time the oil was emulsified, which rendered it more palatable. That was a step in advance. At a more recent date came

FORMULA ON EVERY BOTTLE

NEVER SOLD IN BULK

Hagee's Cordial of Cod Liver Oil Comp.

containing **all** the active principles of the best cod liver oil with hypophosphites lime and soda in the form of a thin fluid **Cordial**—perfectly palatable, free from grease and fishy flavor.

Prescribe

CORD. OL. MORRHUAE COMP. (Hagee)

and your patients will take it

Katharmon Chemical Co. St. Louis, Mo.

Grandview Sanitarium

Is a pleasant home and a high grade Sanitarium for the cure and treatment of Mental and Nervous Diseases, the Drug Habit and Inebriety.

Situated opposite New City Park, ½ mile west of terminus of Grandview Car Line.

It is a handsomely constructed three-story brick building of modern design, commodious in all its departments, well lighted, heated, ventilated, and fully equipped with all modern appliances for the care and treatment of such cases. An abundant supply of spring water. Liberal and home-like cuisine. Special nurse to each case.

Correspondence solicited concerning the treatment of mental disorders, Management STRICTLY ETHICAL. Address,

GEO. M. GRAY, M. D., Surgeon. *S. S. GLASSCOCK, M. D., Medical Director.*
H. O. HANAWALT, M. D., Consultant. *F. M. TRACY, M. D., General Manager.*
Telephone, 832 Hickory. *Office, 534 Minnesota Avenue.*

IN THE TREATMENT OF

ANÆMIA, NEURASTHENIA, BRONCHITIS, INFLUENZA, PULMONARY TUBERCULOSIS, AND WASTING DISEASES OF CHILDHOOD, AND DURING CONVALESCENCE FROM EXHAUSTING DISEASES,

THE PHYSICIAN OF MANY YEARS' EXPERIENCE

KNOWS THAT, TO OBTAIN IMMEDIATE RESULTS, THERE IS NO REMEDY THAT POSSESSES THE POWER TO ALTER DISORDERED FUNCTIONS, LIKE

"Fellows' Syrup of Hypophosphites"

MANY A TEXT-BOOK ON RESPIRATORY DISEASES SPECIFICALLY MENTIONS THIS PREPARATION AS BEING OF STERLING WORTH.

TRY IT, AND PROVE THESE FACTS.

SPECIAL NOTE.—Fellows' Syrup is never sold in bulk, but is dispensed in bottles containing 15 oz.

MEDICAL LETTERS MAY BE ADDRESSED TO

MR. FELLOWS, 26 CHRISTOPHER STREET, NEW YORK.

Why Pay Cash

WHEN YOU CAN BUY ON

Easy Credit Terms

PIANOS $124.75 UP.

ORGANS $19.00 UP.

SEWING MACHINES $7.50 UP.

STOVES and RANGES $2.10 UP.

HOUSEHOLD FURNITURE

Of all kinds at 60 cents up.

IRON and STEEL SAFES,

TYPEWRITERS and OFFICE FURNITURE From $6.25 up.

We are the largest manufacturers on earth, have unlimited capital and sell direct from the workshop to the fireside on EASY MONTHLY PAYMENTS to honorable people in all parts of the world. No other manufacturer will let you use the goods for years while slowly paying for them.

Write for information and Free Catalogue K 116

THE ENGLEWOOD CO.

Consolidated Factories.

51-63 Randolph St., Chicago, Ill., U. S. A.

word, such an alkaline agent dissolves the mucous secretions, and weak acids which form in the mouth.

Were the foregoing all that is required of an antiseptic, nothing further would need to be said, but it is essential that the bacteria hidden more deeply within the walls of the gland sacs should also be removed. Recognizing the force of the suggestion recently made by scientific investigation, i. e., that a true alkaline germicide dissolves the bacterial envelope instead of coagulating it as do the acids and that if the specific gravity is favorable to low exosmotic action it will be absorbed into the surrounding tissues and gland sacks where the germs are hidden, it at once occurred to us that an alkaline agent of this character was just what was needed.

Feeling convinced that an alkaline antiseptic was strongly indicated in this case, the best of its kind, glyco-thymoline, being selected, was applied thoroughly once every day by myself and three or four times daily by the patient. A 25 per cent watery solution (warm) of glyco-thymoline was made by me and applied in a fine spray to the post nasal chamber by means of a hand atomizer. The nozzle was turned up at the end so that when introduced well back into the pharynx the spray was thrown upward direct into the post nares.

The patient herself soon learned to operate the post-nasal douche satisfactorily and was instructed to spray the parts in this manner twice daily, besides applying the solution (in the same strength), with the K. & O. Douche. At the same time an ounce of a 50 per cent solution of glyco-thymoline was gargled and used as a mouth wash three times daily for the purpose of hardening the flabby, congested tonsils.

The outcome of this simple plan of treatment made plain the fact that a germicidal agent was being employed in this case which possessed the alkaline and solvent properties already mentioned as being essential to success. The patient's general system had first been thoroughly purged of retained waste by way of kidneys and bowels, after which the local treatment was adopted as above described. This latter procedure was not only effective, but the antiseptic proved very agreeable to the patient who for the first time in several years experienced the sensation of possessing a clean, sweet mouth.

The hypertrophied membrane itself grew normal in appearance, distinctness of speech and hearing was gradually restored, the breathing became natural, and at the end of three months we had accomplished a speedy and perfect cure.

EVERGREEN PLACE HOSPITAL.

INCORPORATED.

LEAVENWORTH, KANSAS.

Hospital and Home for Nervous Invalids.

Heated by steam. Lighted by Electricity. Hot and Cold water on each floor. Electric Massage by thoroughly trained attendants. Milk and Vegetables furnished by their own dairy and gardens. Fruits in season. All Patients thoroughly classified. Four Parlors. Four Diningrooms. Thirty elegant Single Rooms. Seven Dormitories. Capacity 100. All medicines and medical attention furnished without extra cost. Management strictly professional. Electric car line to front entrance to grounds. Patients met at Railway Stations if desired. Liquor and Drug habit treated. Lying-in Cases cared for.

TERMS:—From $10 to $25 a week, in advance.

For further information address

C. C. GODDARD, M. D.,

Leavenworth, Kansas.

Training School for nurses. Course two years. Class limited to six. Students receive five dollars the first and eight dollars per month the second year. One month's probation required.

C. J. McGHEE, M. D., Secretary,

Leavenworth, Kansas.

CUSHING HOSPITAL.

6th Ave. and Marshall St.

LEAVENWORTH, KANSAS.

One block from Street Railway.

AMBULANCE SERVICE.

A Fully equipped general hospital, with complete facilities for surgical, medical and obstetric cases.

Separate building for contagious diseases.

First-class training school for nurses.

Patients may employ any physician they prefer.

Address,

MISS CARRIE L. TANQUARY,

Superintendent.

PRACTICE LIMITED TO EYE, EAR, NOSE AND THROAT

J. F. GSELL, M. D.

OFFICE 112 E. DOUGLAS : : : WICHITA, KANSAS

E. E. HAMILTON, M. D.

Practice limited to

EYE, EAR, NOSE and THROAT

128 East Douglas Ave. Bitting Block WICHITA, KANSAS

J. C. BROWN, M. D.

PRACTICE LIMITED TO

EYE, EAR, NOSE AND THROAT

140 NORTH MAIN STREET WICHITA, KANSAS

The Best Route East and West

IS THE

Three Trains Daily Between Wichita Kansas City and St. Louis

Missouri Pacific Railway

Two Trains Daily for Hot Springs, Ark. Low Rates all the year round

The Colorado Short Line is the Missouri Pacific Ry. Low excursion rates to the resorts and principal cities of Colorado and the West during the summer season.

Elegant Buffet Cafe and Dining Cars on Colorado trains and on day trains between Kansas City and St. Louis.

SEE OUR NEAREST TICKET AGENT, OR WRITE

E. E. BLECKLEY, T. P. A., WICHITA, KANS.

I. R. SHERWIN, P. & T. A., Cor. Douglas & Wichita Sts. WICHITA, KANS.

Surest Cure=Free!

The Pure Air, the Equable Climate and the Constant Sunshine of

New Mexico, Arizona and California

will effect the speediest cure of throat and lung troubles, if a cure is possible. The resorts in the above sections are unrivaled, offering all of these advantages, with the additional attractions of magnificent scenery, such as petrified forests, mile-deep chasms, prehistoric ruins, Pueblo Indians, giant red-woods and old Spanish Missions.

Send 10 Cents in Stamps for Health Pamphlets.

W. J. BLACK, Gen. Pass. Agt.

Santa Fe

CHICAGO, ILLINOIS.

Doctor, Please Stop and Think

Think While You Read This!

FOR YEARS we have urged upon the profession the importance of adopting exact therapeutic measures; we have pointed out the imperative necessity for constant and dependable remedial agents for the treatment of the sick. By precept and example we have urged the doctor to discard the uncertain and unknown for the accurate and positive. **Active-Principle Medication** can alone make the medicine "an exact science," and the adoption of **Alkalometry** by fully one-fourth of the general practicians of the country proves that our efforts have borne fruit. In our labors many of the best therapeutists and brightest thinkers along medical and pharmacal lines have ably assisted and sustained us, and as a result of our combined researches we have evolved a line of single, active-principle medicaments which are UNIFORM, ACTIVE and POTENT; furthermore they are PERMANENT, PORTABLE and PALATABLE.

The "Active-Principles" of Alkalometry

The Active-Principles Are Best Because of

THEIR UNIFORMITY—they are always the same.
THEIR ACCURACY—which is unquestionable.
THEIR SOLUBILITY—which is complete.
THEIR ABSORBABILITY—which is rapid.
THEIR PORTABILITY—which is easy.
THEIR PALATABILITY—which is incomparable.
THEIR PERMANENCY—which is positive.
THEIR EFFECT—which is quick and certain.

The Alkaloidal Granule—The Quintessence of Alkalometric Pharmacy contains a mathematically correct and exact quantity of the pure active-principle or principles of the drug it represents; in quantity this represents the mininum effective dose. It is always ready; it can be given alone, in multiple dosage, or in combination with synergists; it is swallowed easily by the most fastidious invalid or the youngest child and produces results in less time than any other known form of medicine. Enough **Abbott's Alkaloidal Granules** can be carried in the pocket to allow the doctor to use at once any remedy necessary in all emergency practice (hyperdermically or per os).

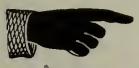
Any possible combination can be dispensed at once (in solution if wished) *without the possibility of Mistake, Overdose or Uncertainty as to Effect.*

The "Alpha and Omega" of Dosimetric Doctrine—Alkalometry:

Give small dose, oft repeated, *to effect.* remedial or physiologic; obtain (and maintain) *Circulatory Equilibrium, Elimination, Intestinal and Systemic Asepsis, Supporting Vitality by Stimulating Leucocytosis and Normal Reconstructive Metabolism.*

Active-Principle Therapy. *Alkalometry is the very Antithesis of "Therapeutic Nihilism One does,* the other *doesn't.* If to *do* is your *principle,* use the best means of *doing—The Alkalometric Granule;* if the other, for humanity's sake, change your job. All these things have been proven and reproven by thousands and thousands of your brother practicians, year in and year out. If you will test for yourself send for—

"Abbott's Alkaloidal Digest," a boiled-down epitome of active-principle therapeutics, than which two covers never held more success points. It's FREE for the asking. Samples of Alkaloids and Specialties will also be sent; also sample copy of *The Alkaloidal Clinic*—teaching the principles of Alkaloidal Medication.



A DOLLAR will give you the "Digest," The Alkaloidal Clinic one year, and a Nice, Leather Pocket Case, containing over 1000 doses of the most-used emergency remedies, "Alkalometry in a Nutshell."

MONEY BACK IF NOT SATISFIED.

THE CLINIC PUBLISHING CO.

50 West Broadway, New York. **Ravenswood Station, Chicago.** 13 Phelan Bldg., San Francisco.

THE FAMILY LAXATIVE

The ideal safe family laxative, known as Syrup of Figs is a product of the California Fig Syrup Co., and derives its laxative principles from senna, made pleasant to the taste and more acceptable to the stomach, by being combined with pleasant aromatic syrups and the juice of figs. It is recommended by many of the most eminent physicians, and used by millions of families with entire satisfaction. It has gained its great reputation with the medical profession by reason of the acknowledged skill and care exercised by the California Fig Syrup Co. in securing the laxative principles of the senna by an original method of its own. and presenting them in the best and most convenient form. The California Fig Syrup Co. has special facilities for commanding the choicest qualities of Alexandria senna, and its chemists devote their entire attention to the manufacture of the one product. The name—Syrup of Figs—means to the medical profession "the fam ily laxative, manufactured by the California Fig Syrup Co.," and the name of the Company is a guarantee of the excellence of its product. Informed of the above facts, the careful physician will know how to prevent the dispensing of worthless imitations when he recommends or prescribes the original and genuine Syrup of Figs. It is well known to physicians that Syrup of Figs is a **simple, safe** and **reliable** laxative, which does not irritate or debilitate the organs on which it acts, and being pleasant to the taste, it is especially adapted to ladies and children, although generally applicable in all cases. Special investigation of the profession invited.

Syrup of Figs is never sold in bulk. It retails at fifty cents per bottle, and the name, Syrup of Figs, as well as the name of the California Fig Syrup Co. is printed on the wrappers and labels of every bottle.

CALIFORNIA FIG SYRUP CO.,

San Francisco, Cal.

Louisville, Ky, ø ø ø **New York, N. Y.**

CREIGHTON MEDICAL COLLEGE,

Cor. 14th & Davenport Sts., Omaha, Neb.

The eleventh annual course of study in this institution will begin Wednesday, Sept. 21, 1904. The course in this college consists of four terms of seven and one-half months each. The first two years are devoted to the study of the so-called scientific branches included in a medical course. For this purpose, the new college building is furnished with lecture rooms and laboratories equipped with the latest and best paraphernalia for teaching, demonstrating and for individual work in these branches. The third and fourth years are given up to the study of what might be termed the practical part of the medical course. Here, the instruction is carried on by means of Clinics and Clinical lectures. The student is brought in contact and becomes familiar with the different phases of all the diseases he reads about. For this purpose the clinical material in St. Joseph and St. Bernard hospitals, the two largest hospitals in the west, is reserved for the exclusive benefit of students attending this school.

All buildings, both college and hospitals, are new and modern and the equipment the best that money can buy. In addition to the regular term of seven and one-half months, a spring course of two months in first and second year work will be continued from close of winter term to last of June. For further information address

D. C. BRYANT, M. D., Sec. Creighton Medical College,
No. 206 McCague Building, Omaha, Nebraska.

J. S. WEVER, M. D.,

EYE—EAR—NOSE—THROAT

404 Bryant Building, :: :: :: KANSAS CITY, MO.

INDEPENDENT AND BELL LONG DISTANCE PHONES NO. 411.

J. C. McCLINTOCK,

SURGEON.

1313 Filmore Street . . . . . TOPEKA, KANSAS.

William F. Bernart, M. D.,

HOT SPRINGS, : : : : : : ARKANSAS.

Keystone Cottage, Under the Pines at Cloudcroft, N. M.

CLOUDCROFT

TO those who instinctively think of New Mexico as a sandy desert or mountainous waste, the above photogravure of a private cottage and surroundings at the Summer Resort, Cloudcroft, N. M., may come as a revelation. Situated at the summit of the Sacramento Mountains, 9000 feet above sea level and reached by a railroad universally acknowledged the acme of civil engineering feats, this resort stands unique.

A booklet splendidly illustrated, describing this resort will be mailed on receipt of four cents postage, by Mr. A. N. Brown, G. P. A., E. P.—N. E. System, El Paso, Texas.

Cloudcroft is probably the best health resort on the continent, pure mountain spring water, absolutely uncontaminated, balsam laden dry aseptic air, and the splendid scenery surrounding, alike contribute to restoration of the fatigued body and mind, and tissue building in the case of invalids. There is absolutely no malaria, (and no mosquitoes) at Cloudcroft.

Dr. G. C. Bryan, Alamagordo, N. M., will answer medical correspondence.

DOSE
One to three teaspoonfuls, according to the amount of Bromides required

THE BEST RESULTS
Are assured in Bromide treatment when you specify

FORMULA
Each fluid drachm represents 15 grains of the combined C. P. Bromides of Potassium, Sodium, Calcium, Ammonium and Lithium

PEACOCK'S BROMIDES

AND THE GENUINE IS DISPENSED

Half-pound bottles only

For Physicians' Prescriptions

Neurologists and General Practitioners prefer it because of its superior qualities over the commercial salts.

For clinical trial we will send full size bottle of either or both preparations to any physician who will pay exp. charges

PURITY
THE BEST IS THE CHEAPEST

Hepatic Stimulation

Without Catharsis

CHIONIA

DOSE
One to two teaspoonfuls three times a day

Re-establishes portal circulation without producing congestion
Invaluable in all ailments due to hepatic torpor

PEACOCK CHEMICAL CO., ST. LOUIS, MO., U.S.A.

FORMULA
Prepared from Chionanthus Virginica, from which the inert and nauseating features of the drug have been eliminated

SENG

A Palatable Preparation of PANAX SCHINSENG in an Aromatic Essence

It promotes Normal Digestion by encouraging the flow of Digestive Fluids
It is the Modern and Most Successful Treatment for
INDIGESTION

A full size bottle, for trial, to physicians who will pay express charges

DOSE: One to two teaspoonfuls three times a day

CACTINA PILLETS

Has Many Advantages Over Other Heart Stimulants

IT HAS NO CUMULATIVE ACTION, AND IS ABSOLUTELY SAFE AND RELIABLE

Each pillet represents one one-hundredth of a grain CACTINA, the active proximate principle of CEREUS GRANDIFLORA

DOSE: One to four pillets three times a day

Samples mailed to physicians only

SULTAN DRUG COMPANY
St. Louis, Mo.

5 Seconds by the Watch

Hypodermatic Tablets

are essentially EMERGENCY agents. Their use usually signifies a condition that is critical—it may be for the alleviation of intense pain; it may be that a human life hangs in the balance. In either event promptness and efficiency are all-important. In a word, *immediate action* is what the physician demands at such a moment.

Quick and complete solubility must characterize the tablet which meets this requirement. Flying to pieces when thrown into water is not sufficient. Many hypodermatic tablets do that, their undissolved particles settling to the bottom. *Mere disintegration!*

Ours *dissolve*—dissolve *completely*—in five seconds. Drop one of them into a syringe half filled with lukewarm water, shake vigorously, and note results. *Try it!*

Parke, Davis & Co.'s Hypodermatic Tablets can always be relied upon in an emergency. Prompt, efficient action follows their administration. There is never delay, never uncertainty. Always specify them when ordering.

PARKE, DAVIS & COMPANY

LABORATORIES. Detroit, Mich., U. S. A.; Walkerville, Ont.; Hounslow, Eng.
BRANCHES: New York, Chicago, St. Louis, Boston, Baltimore, New Orleans, Kansas City, Indianapolis, Minneapolis, Memphis; London, Eng.; Montreal, Que.; Sydney, N. S. W.; St. Petersburg, Russia; Simla, India; Tokio, Japan.

July 1904

CONTENTS ON SECOND PAGE OF COVER

The Journal of

The Kansas Medical Society

OFFICERS OF THE SOCIETY:

LAWRENCE REYNOLDS, President
CHAS. E. HUTCHINS, Secretary
G. H. MOORE, Treasurer
D. E. ESTERLY, Vice President
S. T. SHELLEY, Vice President
R. J. BURTON, Vice President

in which is incorporated

The Wichita Medical Journal

DR. G. K. PURVES, Editor

AND

The Western Medical Journal

OF FORT SCOTT

DR. A. J. ROBERTS, Editor

PHYSICIAN MEDICAL
JUL 6 1904

SINGLE COPIES, TEN CENTS · YEARLY, ONE DOLLAR

Entered in the postoffice at Topeka, Kansas, as second class matter.

College of

Physicians and Surgeons

Medical Department of
Kansas City University,

KANSAS CITY, KANSAS.

Four year's graded course.
Unsurpassed clinical facilities. Laboratories complete. Outdoor obstetric and medical clinic first-class. Anatomical material in abundance. For catalogue address

J. E. SAWTELL, M. D., Dean,
310 Rialto Bldg.,
Kansas City, Mo.

or

E. M. HETHERINGTON, M. D.,
Secretary,
526 Altman Bldg., Kansas City, Mo.

CONTENTS FOR JULY, 1904

ORIGINAL ARTICLES—The value of Exact Determination of Blood Pressure—Dr. O. P. Davis 374
Peri Rectal Absesses—Dr. J. M. Poindexter 379

REPORT—Proceedings of the Thirty-Eight Annual Session 358
President's Address—Dr. W. E. McVey 367
Atlantic City Notes 377

EDITORIAL 373, 376, 377, 378

CORRESPONDENCE 385

The "known office of publication" of this Journal is 900 Tennessee Street, Lawrence, Kansas, to which all communications should be addressed.

Reprints of articles will be furnished at cost, usually $2 50 for 500 copies of a 4-page article, *provided* that the order is given with the manuscrip.

The advertising rate for this Journal is five cents per annum for each copy of circulation, for a whole p ge; three cents for a half page.

B. F. Crummer, M. D., President. D. A. Foote, Vice-President.

Physicians Casuality Association

DIRECTORS:
C. C. Allison, M. D., Omaha, Neb.
F. S. Owen, M. D , Omaha, Neb.
Rob't Gilmore, M. D.. Omaha, Neb.
W. F. Milroy, M. D.. Omaha, Neb.
R W. Connell, M. D., Omaha, Neb.
D. C. Bryant, M. D., Omaha. Neb.
V L. Treynor, M. D., Council Bluffs, Neb.
C. M. Schindel, M. D., So. Omaha, Neb.
A. R. Ray, M. D., Fa rfield, Neb.

A MUTUAL ASSOCIATION of PHYSICIANS and SURGEONS TO PROVIDE ACCIDENT INSURANCE AT ACTUAL COST

No profits to anyone. Members in 34 States and Canada.

$25.00 WEEKLY COSTS ABOUT $3.00 QUARTERLY
: : : : : : : : OF, BY AND FOR PHYSICIANS. : : : : : : :

FOR PARTICULARS, ADDRESS

38-39 U. S National Bank Building.

E. E. ELLIOTT, Omaha, Neb.
SECRETARY.

K&O
K&O. DOUCHE FOR THE APPLICATION OF
GLYCO-THYMOLINE TO THE NASAL CAVITIES
GLYCO-THYMOLINE
IS USED FOR CATARRHAL CONDITIONS OF
MUCOUS MEMBRANE IN ANY PART OF THE BODY
Nasal, Throat, Stomach, Intestinal
Rectal and Utero-Vaginal Catarrh
KRESS & OWEN COMPANY - 210 Fulton Street, New York

HEREDITARY BLOOD

or blood tainted with syphilitic virus, tubercular diatheses transmitted through the blood, predisposition to Carcinomatous blood, Scrofulous diatheses are all cases continually met with. If the blood can be maintained at the proper standard, the predisposition to the so-called hereditary conditions will disappear. Allow the blood to become poor in quality and immediately family characteristics of disease and degeneracy appear. New blood, rich blood, healthy blood will keep the body pure and less liable to be attacked by the insidious foes which devastate entire families.

Pepto-Mangan ("Gude")

if given in incipient tuberculosis and all wasting diseases, will build up the system by building up the condition of the blood. The patient gains in weight and strength and the body is better able to ward off the impending disease.

Pepto-Mangan ("Gude") is ready for quick absorption and rapid infusion into the circulating fluid and is consequently of marked and certain value in all forms of

Anæmia, Chlorosis, Bright's Disease, Rachitis, Neurasthenia, etc.

To assure proper filling of prescriptions, order Pepto-Mangan ("Gude") in original bottles containing ℥ xi. *It's Never sold in bulk.*

M. J. BREITENBACH COMPANY,

Laboratory, Leipzig, Germany.

53 Warren Street, NEW YORK.

SAMPLES AND LITERATURE UPON APPLICATION.

ALL THE SALICYLIC ACID IN TONGALINE IS MADE FROM THE PUREST NATURAL OIL OF WINTERGREEN

Tongaline

POSSESSES

THE ANTISPASMODIC AND SEDATIVE ACTION OF CIMICIFUGA

THE CATHARTIC AND DIURETIC ACTION OF COLCHICINE

THE DIAPHORETIC ACTION OF PILOCARPINE

THE ANTI-RHEUMATIC AND ANTISEPTIC ACTION OF SALICYLIC ACID

RHEUMATISM
NEURALGIA
GRIPPE
GOUT
SCIATICA
LUMBAGO

TONGALINE LIQUID
TONGALINE TABLETS
TONGALINE & LITHIA TABLETS
TONGALINE & QUININE TABLETS

(WRITE FOR SAMPLES)

MELLIER DRUG COMPANY. ST. LOUIS.

CUSHING HOSPITAL.

6th Ave. and Marshall St.

LEAVENWORTH, KANSAS.

One block from Street Railway.

AMBULANCE SERVICE.

A Fully equipped general hospital, with complete facilities for surgical, medical and obstetric cases

Separate building for contagious diseases.

First-class training school for nurses.

Patients may employ any physician they prefer.

Address,

MISS CARRIE L. TANQUARY,

Superintendent.

PAPINE IS THE PAIN-RELIEVING PRINCIPLE OF OPIUM.

ONE CAN DISPENSE WITH OPIUM THE NARCOTIC; ONE CANNOT DISPENSE WITH OPIUM THE PAIN-RELIEVER. PAPINE PRODUCES NO TISSUE CHANGES, NO CEREBRAL EXCITEMENT, NO INTERFERENCE WITH DIGESTION.

Sample (12 oz.) Bottle Ecthol Sent Free on Receipt of 25 Cts. to Prepay Express.

FORMULA:--One fluid drachm is equal in anodyne power to 1-8 gr. Morphine.

BROMIDIA
ECTHOL
IODIA

BATTLE & CO., CHEMISTS CORPORATION, ST. LOUIS, MO., U. S. A.

ANTIKAMNIA PREPARATIONS

ANTIKAMNIA & SALOL TABLETS

Hare says "Salol renders the intestinal canal antiseptic and is the most valued drug in intestinal affections." The anodyne properties of Antikamnia in connection with Salol render this tablet very useful in Dysentery, Indigestion, Cholera Morbus, Diarrhœa, Colic, and all conditions due to intestinal fermentation.

LAXATIVE ANTIKAMNIA & QUININE TABLETS

To reduce fever, quiet pain, and at the same time administer a gentle tonic-laxative is to accomplish a great deal with a single tablet. Among the many diseases and affections which call for such a combination, we might mention La Grippe, Influenza, Coryza, Coughs and Colds, Chills and Fever, Biliousness, Dengue and Malaria with its general discomfort and great debility.

ANTIKAMNIA & CODEINE TABLETS

Especially useful in Dysmenorrhœa, Utero-Ovarian Pain, and pain in general caused by suppressed or irregular menses. This tablet controls the pains of these disorders in the shortest time and by the most natural and economic method. The synergetic action of these drugs is *ideal*, for not only are their sedative and analgesic properties unsurpassed, but they are followed by no unpleasant effects. The efficacy of this tablet in neuroses of the larynx is well known.

THE ANTIKAMNIA CHEMICAL COMPANY

ST. LOUIS, U. S. A.

Five-Grain Antikamnia Tablets
Laxative Antikamnia & Quinine Tablets

AK

Antikamnia & Codeine Tablets
Antikamnia & Heroin Tablets

ANTIPHLOGISTINE'S

THERAPEUTIC ACTION is based in theory upon the following fundamental principles, its prime object being to keep the blood circulating in the deseased part:

The blood, which normally circulates fully and freely through the vascular system, is the food supply of the millions of cells which make up the body structure. Inflammation means certain successional deviations or interferences with the circulation in some part or parts. In health, the functions of the vascular system are automatically controlled by the central nervous system. Three fourths of the body composition is fluid—chemically speaking, water, and as a magnet has affinity for particles of steel, so Antiphlogistine has affinity for water. Antiphlogistine is an antiseptic, a nonconductor of heat and a vasomotor stimulant. The skin may be regarded as a permeable membrane, separating two fluids of different densities, the blood and Antiphlogistine. If Antiphlogistine is applied hot under such conditions something definite happens and that scientifically—an interchange of fluids, most marked towards Antiphlogistine; hence the deduction that Antiphlogistine acts through reflex action and dialysis, the latter scientifically including the physical processes of exosmosis and edosmosis.

DEEP-SEATED STRUCTURES—If Antiphlogistine is applied warm and thick, the thicker the better, for pneumonia, pleurisy, bronchitis, peritonitis, or any affection involving deep-seated structures, it maintains a uniform degree of heat for twenty-four hours or more; it stimulates the cutaneous reflexes, causing a contraction of the deep-seated and coincidently a dilation of the superficial blood vessels; at the same time it attracts or draws the blood to the surface--flushes the superficial capillaries—bleeds but saves the blood; thus the aggravating symptoms will be almost always immediately ameliorated; congestion and pain relieved; the temperature declines; blood pressure on the overworked heart is reduced; the muscular and nervous systems is relaxed and refreshing sleep is invited.

SUPERFICAL STRUCTURES—It is no longer proper to treat with the old-fashioned bacteria-breeding flaxseed poultice, boils, felons. sprains, chronic ulcers, inflamed glands, periostitis and other types of inflammation involving comparatively superficial tissues. Antiphlogistine is a soothing antiseptic well adapted to sensitive and abraded surfaces. It draws out or absorbs the liquid exudate from the swollen and sensitive tissues, the result being that the blood is permitted to circulate freely through the affected area and nourishment is conveyed to the injured cells. Through reflex action and endosmosis a stimulating, alterative, tonic and soothing influence is exerted upon the affected cells, lymphatics and other tissues.

GENERAL DIRECTIONS—Always heat in can (never on a cloth) by placing it in hot water. Do not allow water to get into the medicine. When as hot as can be borne, take a suitable knife and apply as quickly as possible, spreading the Antiphlogistine on the skin over the affected part, at least an eighth of an inch thick and covering promptly with a liberal supply of absorbent cotton and a suitable bandage or compress. Needless exposure to the air or contact with water markedly reduces the remedial value of Antiphlogistine, hence make all applications quickly. Remove dressings as soon as they will peel off nicely—in twelve to twenty-fours hours.

To insure economy and the best results always order a full package and specify the size required—Small, Medium, Large or Hospital Size.

THE DENVER CHEMICAL MFG. CO.

(Incorporated 1893.)

LONDON OFFICE, 110, CHEAPSIDE, E. C. — NEW YORK, U. S. A. — HOME OFFICE, DENVER.

Dr. Burnett's Private Home

For Nervous Diseases and Selected Inebriates

The Home is built with up-to-date facilities for the scientific treatment of

Nervous Diseases and Drug Cases,

and open to inspection by the Profession. No assumed pretensions are made to deceive patrons or the public.

It is located in a quiet but nice part of the city where the fastidious may avoid publicity.

Therapeutical agents are WATER, ELECTRICITY, ELECTRIC LIGHT BATHS, FOOD, DRUGS, MASSAGE and the REST CURE.

The Electric Light, Bath and Water are on each floor. The Electric Operating Room contains Electrolytic, Diagnostic and Therapeutic Galvanic Currents, and the Electric Vibrator for Massage; also one of the largest and most complete and up-to-date Static Machines ever brought west, which was made to order by Van Houten & Ten Broeck of N. Y.

S. GROVER BURNETT, A. M., M. D., Supt. and Prop.,
Formerly Ass't Supt. L. I. Home, (of New York.) for Mental and Nervous Diseases and Inebriates.

REFERENCES BY PERMISSION:

T. D. CROTHERS, M. D., Supt. Walnut Lodge Hospital for Opium and Alcoholic Inebriates, Hartford, Conn.
GRAEME H. HAMMOND, M. D., Prof. Mental and Nervous Diseases, N. Y. Post-Graduate Medical College.
WILLIAM J. MORTON, Prof. Electro-Therapeutics and Mental and Nervous Diseases, N. Y. Post-Graduate Medical College.
FREDERICK PETERSON, M. D., Chief Vanderbilt Clinic. Neurological Depart. College Physicians and Surgeons, N. Y. City.
WILLIAM L. LESZYNSKY, M. D., Neurologist to Demit Dispensary, New York City.

Address Rialto Building, 9th St. and Grand Ave., Kansas City, Mo., or S W. Cor. 31st and Euclid Ave.

PROGRESS IN MEDICINE

There must be changes or medical science will stand still. Old things must give way to new—old ideas must be modified. Cod liver oil was first used just as it came from the fish, of dark color and strong odor. Later the oil was refined. After a time the oil was emulsified, which rendered it more palatable. That was a step in advance. At a more recent date came

FORMULA ON EVERY BOTTLE

NEVER SOLD IN BULK

Hagee's Cordial of Cod Liver Oil Comp.

containing **all** the active principles of the best cod liver oil with hypophosphites lime and soda in the form of a thin fluid **Cordial**—perfectly palatable, free from grease and fishy flavor.

Prescribe

CORD. OL. MORRHUAE COMP. (Hagee)

and your patients will take it

Katharmon Chemical Co. St. Louis, Mo.

Grandview Sanitarium

Is a pleasant home and a high grade Sanitarium for the cure and treatment of Mental and Nervous Diseases, the Drug Habit and Inebriety.

Situated opposite New City Park, ½ mile west of terminus of Grandview Car Line.

It is a handsomely constructed three-story brick building of modern design, commodious in all its departments, well lighted, heated, ventilated, and fully equipped with all modern appliances for the care and treatment of such cases. An abundant supply of spring water. Liberal and home-like cuisine. Special nurse to each case.

Correspondence solicited concerning the treatment of mental disorders, Management STRICTLY ETHICAL. Address,

GEO. M. GRAY, M. D., Surgeon. *S. S. GLASSCOCK, M. D., Medical Director.*
H. O. HANAWALT, M. D., Consultant. *F. M. TRACY, M. D., General Manager.*
Telephone, 832 Hickory. *Office, 534 Minnesota Avenue.*

IN THE TREATMENT OF

ANÆMIA, NEURASTHENIA, BRONCHITIS, INFLUENZA, PULMONARY TUBERCULOSIS, AND WASTING DISEASES OF CHILDHOOD, AND DURING CONVALESCENCE FROM EXHAUSTING DISEASES,

THE PHYSICIAN OF MANY YEARS' EXPERIENCE

KNOWS THAT, TO OBTAIN IMMEDIATE RESULTS, THERE IS NO REMEDY THAT POSSESSES THE POWER TO ALTER DISORDERED FUNCTIONS, LIKE

"Fellows' Syrup of Hypophosphites"

MANY A TEXT-BOOK ON RESPIRATORY DISEASES SPECIFICALLY MENTIONS THIS PREPARATION AS BEING OF STERLING WORTH.

TRY IT, AND PROVE THESE FACTS.

SPECIAL NOTE.—Fellows' Syrup is never sold in bulk, but is dispensed in bottles containing 15 oz.

MEDICAL LETTERS MAY BE ADDRESSED TO

MR. FELLOWS, 26 CHRISTOPHER STREET, NEW YORK.

Why Pay Cash

WHEN YOU CAN BUY ON

Easy Credit Terms

PIANOS $124.75 UP.

ORGANS $19.00 UP.

SEWING MACHINES $7.50 UP.

STOVES and RANGES $2.10 UP.

HOUSEHOLD FURNITURE
Of all kinds at 60 cents up.

IRON and STEEL SAFES,

TYPEWRITERS and OFFICE FURNITURE From $6.25 up.

We are the largest manufacturers on earth, have unlimited capital and sell direct from the workshop to the fireside on EASY MONTHLY PAYMENTS to honorable people in all parts of the world. No other manufacturer will let you use the goods for years while slowly paying for them.

Write for information and Free Catalogue K 161

THE ENGLEWOOD CO.
Consolidated Factories.
51-63 Randolph St., Chicago, Ill., U. S. A.

Practice Limited to Eye, Ear, Nose and Throat.

J. F. GSELL, M. D.

Office 112 E. Douglas. - Wichita, Kansas.

E. E. HAMILTON, M. D,

Practice Limited to
EYE, EAR, NOSE AND THROAT.

Wichita, Kansas.
128 East Douglas Ave. Bitting Block.

J. C. BROWN, M. D.

Practice Limited to
EYE, EAR, NOSE AND THROAT.

140 North Main St., Wichita, Kan.

UNIVERSITY

OF

KANSAS.

The School of Medicine offers the first two years of a complete medical course. Graduates with the requisite collegiate training enter easily the best medical schools of the country and finish the complete course in two years.

The Medical Building has been newly fitted up. The Department of Physiology has, for instance, the most complete appliances for advanced laboratory work in the west.

All the laboratories and libraries of the University are open to medical students, so also are the recitals, concerts, art exhibits, and other means of general culture, not ordinarily in connection with schools of medicine. There are 45000 volumes and 30000 pamphlets in the libraries; and the museum collections are worth $300,000.

There are 500 courses offered in the University.

For catalogues and information, address the Chancellor of the University, or the Dean of the Medical School.

EVERGREEN PLACE HOSPITAL.

INCORPORATED.

LEAVENWORTH, KANSAS.

Hospital and Home for Nervous Invalids.

Heated by steam. Lighted by Electricity. Hot and Cold water on each floor. Electric Massage by thoroughly trained attendants. Milk and Vegetables furnished by their own dairy and gardens. Fruits in season. All Patients thoroughly classified. Four Parlors. Four Diningrooms. Thirty elegant Single Rooms. Seven Dormitories. Capacity 100. All medicines and medical attention furnished without extra cost. Management strictly professional. Electric car line to front entrance to grounds. Patients met at Railway Stations if desired. Liquor and Drug habit treated. Lying-in Cases cared for.

TERMS:—From $10 to $25 a week, in advance.

For further information address

C. C. GODDARD, M. D.,

Leavenworth, Kansas.

Training School for nurses. Course two years. Class limited to six. Students receive five dollars the first and eight dollars per month the second year. One month's probation required.

C. J. McGHEE, M. D., Secretary,
Leavenworth, Kansas.

The Best Route East and West

IS THE

Three Trains Daily Between Wichita Kansas City and St. Louis

Missouri Pacific Railway

Two Trains Daily for Hot Springs, Ark. Low Rates all the year round

The Colorado Short Line is the Missouri Pacific Ry. Low excursion rates to the resorts and principal cities of Colorado and the West during the summer season.

Elegant Buffet Cafe and Dining Cars on Colorado trains and on day trains between Kansas City and St. Louis.

SEE OUR NEAREST TICKET AGENT, OR WRITE

E. E. BLECKLEY, T. P. A., WICHITA, KANS.

Cor. Douglas & Wichita Sts.

I. R. SHERWIN, P. & T. A., WICHITA, KANS.

Surest Cure=Free!

The Pure Air, the Equable Climate and the Constant Sunshine of

New Mexico, Arizona and California

will effect the speediest cure of throat and lung troubles, if a cure is possible. The resorts in the above sections are unrivaled, offering all of these advantages, with the additional attractions of magnificent scenery, such as petrified forests, mile-deep chasms, prehistoric ruins, Pueblo Indians, giant red-woods and old Spanish Missions.

Send 10 Cents in Stamps for Health Pamphlets.

W. J. BLACK, Gen. Pass. Agt.

Santa Fe

CHICAGO, ILLINOIS.

Doctor, Please Stop and Think

Think While You Read This!

FOR YEARS we have urged upon the profession the importance of adopting exact therapeutic measures; we have pointed out the imperative necessity for constant and dependable remedial agents for the treatment of the sick. By precept and example we have urged the doctor to discard the uncertain and unknown for the accurate and positive. **Active-Principle Medication** can alone make the medicine "an exact science," and the adoption of **Alkalometry** by fully one-fourth of the general practicians of the country proves that our efforts have borne fruit. In our labors many of the best therapeutists and brightest thinkers along medical and pharmacal lines have ably assisted and sustained us, and as a result of our combined researches we have evolved a line of single, active-principle medicaments which are UNIFORM, ACTIVE and POTENT; furthermore they are PERMANENT, PORTABLE and PALATABLE.

The "Active-Principles" of Alkalometry

The Active-Principles Are Best Because of

THEIR UNIFORMITY—they are always the same.
THEIR ACCURACY—which is unquestionable.
THEIR SOLUBILITY—which is complete.
THEIR ABSORBABILITY—which is rapid.
THEIR PORTABILITY—which is easy.
THEIR PALATABILITY—which is incomparable.
THEIR PERMANENCY—which is positive.
THEIR EFFECT—which is quick and certain.

The Alkaloidal Granule—The Quintessence of Alkalometric Pharmacy contains a mathematically correct and exact quantity of the pure active-principle or principles of the drug it represents; in quantity this represents the minimum effective dose. It is always ready; it can be given alone, in multiple dosage, or in combination with synergists; it is swallowed easily by the most fastidious invalid or the youngest child and produces results in less time than any other known form of medicine. Enough **Abbott's Alkaloidal Granules** can be carried in the pocket to allow the doctor to use at once any remedy necessary in all emergency practice (hyperdermically or per os).

Any possible combination can be dispensed at once (in solution if wished) *without the possibility of Mistake, Overdose or Uncertainty as to Effect.*

The "Alpha and Omega" of Dosimetric Doctrine—Alkalometry:

Give small dose, oft repeated, *to effect*, remedial or physiologic; obtain (and maintain) *Circulatory Equilibrium, Elimination, Intestinal and Systemic Asepsis, Supporting Vitality by Stimulating Leucocytosis and Normal Reconstructive Metabolism.*

Active-Principle Therapy. *Alkalometry is the very Antithesis of "Therapeutic Nihilism One does*, the other *doesn't.* If to *do* is your *principle*, use the best means of *doing—The Alkalometric Granule;* if the other, for humanity's sake, change your job. All these things have been proven and reproven by thousands and thousands of your brother practicians, year in and year out. If you will test for yourself send for—

"Abbott's Alkaloidal Digest," a boiled-down epitome of active-principle therapeutics, than which two covers never held more success points. It's FREE for the asking. Samples of Alkaloids and Specialties will also be sent; also sample copy of *The Alkaloidal Clinic*—teaching the principles of Alkaloidal Medication.

A DOLLAR will give you the "Digest," The Alkaloidal Clinic one year, and a Nice, Leather Pocket Case, containing over 1000 doses of the most-used emergency remedies, "Alkalometry in a Nutshell."

MONEY BACK IF NOT SATISFIED.

THE CLINIC PUBLISHING CO.

50 West Broadway, New York. **Ravenswood Station, Chicago.** 13 Phelan Bldg., San Francisco.

THE FAMILY LAXATIVE

The ideal safe family laxative, known as Syrup of Figs is a product of the California Fig Syrup Co., and derives its laxative principles from senna, made pleasant to the taste and more acceptable to the stomach, by being combined with pleasant aromatic syrups and the juice of figs. It is recommended by many of the most eminent physicians, and used by millions of families with entire satisfaction. It has gained its great reputation with the medical profession by reason of the acknowledged skill and care exercised by the California Fig Syrup Co. in securing the laxative principles of the senna by an original method of its own. and presenting them in the best and most convenient form. The California Fig Syrup Co. has special facilities for commanding the choicest qualities of Alexandria senna, and its chemists devote their entire attention to the manufacture of the one product. The name—Syrup of Figs—means to the medical profession "the family laxative, manufactured by the California Fig Syrup Co.," and the name of the Company is a guarantee of the excellence of its product. Informed of the above facts, the careful physician will know how to prevent the dispensing of worthless imitations when he recommends or prescribes the original and genuine Syrup of Figs. It is well known to physicians that Syrup of Figs is a **simple, safe** and **reliable** laxative, which does not irritate or debilitate the organs on which it acts, and being pleasant to the taste, it is especially adapted to ladies and children, although generally applicable in all cases. Special investigation of the profession invited,

Syrup of Figs is never sold in bulk. It retails at fifty cents per bottle, and the name, Syrup of Figs, as well as the name of the California Fig Syrup Co. is printed on the wrappers and labels of every bottle.

CALIFORNIA FIG SYRUP CO.,

San Francisco, Cal.

Louisville, Ky, ⌀ ⌀ ⌀ New York, N. Y.

CREIGHTON MEDICAL COLLEGE,

Cor. 14th & Davenport Sts., Omaha, Neb.

The eleventh annual course of study in this institution will begin Wednesday, Sept. 21, 1904. The course in this college consists of four terms of seven and one-half months each. The first two years are devoted to the study of the so-called scientific branches included in a medical course. For this purpose, the new college building is furnished with lecture rooms and laboratories equipped with the latest and best paraphernalia for teaching, demonstrating and for individual work in these branches. The third and fourth years are given up to the study of what might be termed the practical part of the medical course. Here, the instruction is carried on by means of Clinics and Clinical lectures. The student is brought in contact and becomes familiar with the different phases of all the diseases he reads about. For this purpose the clinical material in St. Joseph and St. Bernard hospitals, the two largest hospitals in the west, is reserved for the exclusive benefit of students attending this school.

All buildings, both college and hospitals, are new and modern and the equipment the best that money can buy. In addition to the regular term of seven and one-half months, a spring course of two months in first and second year work will be continued from close of winter term to last of June. For further information address

D. C. BRYANT, M. D., Sec. Creighton Medical College,
No. 206 McCague Building, Omaha, Nebraska.

J. S. WEVER, M. D.,

EYE—EAR—NOSE—THROAT

404 Bryant Building, :: :: :: KANSAS CITY, MO.

INDEPENDENT AND BELL LONG DISTANCE PHONES NO. 411.

J. C. McCLINTOCK,

SURGEON.

1313 Filmore Street . . . . . TOPEKA, KANSAS.

J. N. SCOTT, M. D.

Practice limited to
X-RAY— AND ELECTRO-THERAPEUTICS. SPECIAL ATTENTION GIVEN TO THE TREATMENT OF MALIGNANT GROWTHS, PESUDO-LEUKEMIA LUPUS, ETC., BY THE X-RAY AND ULTRA-VIOLET LIGHT.

TELEPHONE 2030 MAIN. 212-14-15-16 RIDGE BLDG. KANSAS CITY, MO.

DOSE
One to three teaspoonfuls, according to the amount of Bromides required

THE BEST RESULTS
Are assured in Bromide treatment when you specify

FORMULA
Each fluid drachm represents 15 grains of the combined C. P. Bromides of Potassium, Sodium, Calcium, Ammonium and Lithium

PEACOCK'S BROMIDES

AND THE GENUINE IS DISPENSED

Half-pound bottles only

For Physicians' Prescriptions

Neurologists and General Practitioners prefer it because of its superior qualities over the commercial salts.

For clinical trial we will send full size bottle of either or both preparations to any physician who will pay exp. charges

Hepatic Stimulation

Without Catharsis

CHIONIA

DOSE
One to two teaspoonfuls three times a day

Re-establishes portal circulation without producing congestion
Invaluable in all ailments due to hepatic torpor

PEACOCK CHEMICAL CO., ST. LOUIS, MO., U. S. A.

FORMULA
Prepared from Chionanthus Virginica, from which the inert and nauseating features of the drug have been eliminated

SENG

A Palatable Preparation of PANAX SCHINSENG in an Aromatic Essence

It promotes Normal Digestion by encouraging the flow of Digestive Fluids
It is the Modern and Most Successful Treatment for
INDIGESTION

A full size bottle, for trial, to physicians who will pay express charges

DOSE: One to two teaspoonfuls three times a day

CACTINA PILLETS

Has Many Advantages Over Other Heart Stimulants

IT HAS NO CUMULATIVE ACTION, AND IS ABSOLUTELY SAFE AND RELIABLE

Each pillet represents one one-hundredth of a grain CACTINA, the active principle of CEREUS GRANDIFLORA

DOSE: One to four pillets three times a day
Samples mailed to physicians only

SULTAN DRUG COMPANY
St. Louis, Mo.

5 Seconds by the Watch

Hypodermatic Tablets

are essentially EMERGENCY agents. Their use usually signifies a condition that is critical—it may be for the alleviation of intense pain; it may be that a human life hangs in the balance. In either event promptness and efficiency are all-important. In a word, *immediate action* is what the physician demands at such a moment.

Quick and complete solubility must characterize the tablet which meets this requirement. Flying to pieces when thrown into water is not sufficient. Many hypodermatic tablets do that, their undissolved particles settling to the bottom. *Mere disintegration!*

Ours *dissolve*—dissolve *completely*—in five seconds. Drop one of them into a syringe half filled with lukewarm water, shake vigorously, and note results. *Try it!*

Parke, Davis & Co.'s Hypodermatic Tablets can always be relied upon in an emergency. Prompt, efficient action follows their administration. There is never delay, never uncertainty. Always specify them when ordering.

PARKE, DAVIS & COMPANY

LABORATORIES: Detroit, Mich., U. S. A.; Walkerville, Ont.; Hounslow, Eng.
BRANCHES: New York, Chicago, St. Louis, Boston, Baltimore, New Orleans, Kansas City, Indianapolis, Minneapolis, Memphis, London, Eng., Montreal, Que., Sydney, N. S. W.; St. Petersburg, Russia; Siam, India, China, Japan.

AUG 1 1904
LIBRARY.

August. 1904

CONTENTS ON SECOND PAGE OF COVER

The Journal of

The Kansas Medical Society

OFFICERS OF THE SOCIETY:

LAWRENCE REYNOLDS, President
CHAS. B. HUFFMAN, Secretary
C. H. MUNN, Treasurer
D. E. ESTERLY, Vice-President
E. T. SHELLEY, Vice-President
R. J. MORTON, Vice-President

In which is incorporated

The Wichita Medical Journal

DR. G. K. PURVES, Editor

AND

The Western Medical Journal

OF FORT SCOTT
DR. A. J. ROBERTS, Editor

SINGLE COPIES, TEN CENTS YEARLY, ONE DOLLAR

Entered in the postoffice at Topeka, Kansas, as second class matter.

College of

Physicians and Surgeons

Medical Department of Kansas City University,

KANSAS CITY, KANSAS.

Four year's graded course.
Unsurpassed clinical facilities. Laboratories complete. Outdoor obstetric and medical clinic first-class. Anatomical material in abundance. For catalogue address

J. E. SAWTELL, M. D., Dean,
310 Rialto Bldg.,
Kansas City, Mo.

or

E. M. HETHERINGTON, M. D.,
Secretary,
506 Altman Bldg., Kansas City, Mo.

CONTENTS FOR AUGUST, 1904

ORIGINAL ARTICLES—Radical Operations for Hernia—Dr. H. C. Wyman 388
Symptoms that May be Attributed to the Perpendicular Position—Dr. H. H. Moses 390
Bullet Wounds in Civil Practice—Dr. Hugh Wilkinson 400
Gall-Bladder Pathology—Medical and Surgical Treatment—Dr. H. G. Welsh 408
The value of Exact Determination of Blood Pressure—Dr. O. P. Davis 412
REPORT—World's Fair Notes 396
Fourth District 397
Fifth District 397
South-west District 398
Harvey County 399
EDITORIAL 385, 386, 327, 405, 406, 407

The "known office of publication" of this Journal is 900 Tennessee Street, Lawrence, Kansas, to which all communications should be addressed.

Reprints of articles will be furnished at cost, usually $2.50 for 500 copies of a 4-page article, *provided* that the order is given with the manuscrip.

The advertising rate for this Journal is five cents per annum for each copy of circulation, for a whole page; three cents for a half page.

B. F. Crummer, M. D., President. D. A. Foote, Vice-President.

Physicians Casuality Association

DIRECTORS:

C. C. Allison, M. D., Omaha, Neb.
F. S. Owen, M. D., Omaha, Neb.
Rob't Gilmore, M. D., Omaha, Neb.
W. F. Milroy, M. D., Omaha, Neb.
R. W. Connell, M. D., Omaha, Neb.
D. C. Bryant, M. D., Omaha, Neb.
V. L. Treynor, M. D., Council Bluffs, Neb.
C. M. Schindel, M. D., So. Omaha, Neb.
A. R. Ray, M. D., Fairfield, Neb.

A MUTUAL ASSOCIATION OF PHYSICIANS AND SURGEONS TO PROVIDE ACCIDENT INSURANCE AT ACTUAL COST

No profits to anyone. Members in 34 States and Canada.

$25.00 WEEKLY COSTS ABOUT $3.00 QUARTERLY
: : : : : : : : OF, BY AND FOR PHYSICIANS. : : : : : : : :

FOR PARTICULARS, ADDRESS

38-39 U. S. National Bank Building.

E. E. ELLIOTT, Omaha, Neb.
SECRETARY.

GLYCO=THYMOLINE

PROPHYLAXIS—The very nature of artificial foods and cow's milk predisposes to their rapid decomposition. A few drops of Glyco Thymoline added to each feeding corrects acidity and prevents disorders of stomach and intestines.

TREATMENT—As an adjunct to your treatment of summer complaints, Glyco-Thymoline used internally and by enema corrects hyperacid conditions, stops excessive fermentation and prevents auto intoxication. It is soothing—alkaline—nontoxic.

SUMMER COMPLAINT

KRESS & OWEN CO. (SAMPLES AND LITERATURE ON APPLICATION.) 210 FULTON ST., N. Y.

SOLE AGENTS FOR GREAT BRITAIN, THOS. CHRISTY & CO., 4, 10 & 12 SWAN LANE, LONDON, E. C.

HUNGRY BLOOD

Blood that is starved because it has not the capacity for absorbing oxygen; thin blood which has not been nourished; weak blood which has lost the power for replenishing waste and building new tissue. Thin blood makes a thin body. Feed the blood and you feed the body. If the blood is lacking in red corpuscles and hæmoglobin it needs rebuilding that it may be capable of performing its task of reconstruction.

SAMPLES AND LITERATURE UPON APPLICATION

Pepto Mangan ("Gude")

is a powerful regenerator of the blood.

Microscopical examinations prove that it builds blood; increases the number of red corpuscles and hæmoglobin in a remarkably short space of time.

PEPTO-MANGAN ("GUDE") is ready for quick absorption and rapid infusion into the circulating fluid and is consequently of marked and certain value in all forms of

Anæmia, Chlorosis, Bright's Disease, Rachitis, Neurasthenia, etc.

To assure proper filling of prescriptions, order Pepto-Mangan ("Gude") in original bottles containing ℥ xi. **It's Never Sold in Bulk.**

M. J. BREITENBACH COMPANY,

LABORATORY, LEIPZIG, GERMANY.

53 WARREN STREET, NEW YORK.

ALL THE SALICYLIC ACID IN TONGALINE IS MADE FROM THE PUREST NATURAL OIL OF WINTERGREEN

Tongaline

POSSESSES

THE ANTISPASMODIC AND SEDATIVE ACTION OF CIMICIFUGA

THE CATHARTIC AND DIURETIC ACTION OF COLCHICINE.

THE DIAPHORETIC ACTION OF PILOCARPINE

THE ANTI-RHEUMATIC AND ANTISEPTIC ACTION OF SALICYLIC ACID

RHEUMATISM
NEURALGIA
GRIPPE
GOUT
SCIATICA
LUMBAGO

TONGALINE LIQUID
TONGALINE TABLETS
TONGALINE & LITHIA TABLETS
TONGALINE & QUININE TABLETS

(WRITE FOR SAMPLES)

MELLIER DRUG COMPANY. ST. LOUIS.

Practice Limited to Eye, Ear, Nose and Throat.

J. F. GSELL, M. D.

Office 112 E. Douglas, - Wichita, Kansas.

E. E. HAMILTON, M. D,

Practice Limited to
EYE, EAR, NOSE AND THROAT.

Wichita, Kansas.
128 East Douglas Ave. Bitting Block.

J. C. BROWN, M. D.

Practice Limited to
EYE, EAR, NOSE AND THROAT.

140 North Main St., Wichita, Kan.

BLOOD EXAMINATIONS.

DR. GEORGE HOWARD HOXIE,

900 Tennessee Street,
LAWRENCE, KANSAS.

THE KANSAS MEDICAL COLLEGE Free Dispensary has been changed to large and well lighted apartments on the first floor of the college building; thus providing ample opportunity for clinical teaching at the college building.

PAPINE IS THE PAIN-RELIEVING PRINCIPLE OF OPIUM. ONE CAN DISPENSE WITH OPIUM THE NARCOTIC; ONE CANNOT DISPENSE WITH OPIUM THE PAIN-RELIEVER. PAPINE PRODUCES NO TISSUE CHANGES, NO CEREBRAL EXCITEMENT, NO INTERFERENCE WITH DIGESTION.

Sample (12 oz.) Bottle Ecthol Sent Free on Receipt of 25 Cts. to Prepay Express.

FORMULA:--One fluid drachm is equal in anodyne power to 1-8 gr. Morphine.

BROMIDIA
ECTHOL
IODIA

BATTLE & CO., CHEMISTS CORPORATION, ST. LOUIS, MO., U. S. A.

A Chestnut has a Burr
Opium a Habit
PAIN has relief in
FIVE-GRAIN Antikamnia Tablets
WHICH DO NOT DEPRESS THE HEART
DO NOT PRODUCE HABIT
ARE ACCURATE—SAFE—SURE
MADE SOLELY BY
The Antikamnia Chemical Company
ST. LOUIS, MO. U.S.A.

SAMPLES AND LITERATURE ON APPLICATION

Five-Grain Antikamnia Tablets
Laxative Antikamnia & Quinine Tablets

| AK |

Antikamnia & Codeine Tablets
Antikamnia & Heroin Tablets

FOR ENTERO-COLITIS
FOR ERYSIPELAS
FOR FELONS
FOR INFLAMED GLANDS
FOR PLEURISY
FOR PNEUMONIA
FOR POISON IVY
FOR POISON OAK
FOR RHEUMATISM
FOR SYNOVITIS
FOR SPRAINS
FOR SPASMODIC CROUP
AND
FOR ANY INFLAMMATORY DISEASE
REQUIRING LOCAL TREATMENT
USE

ANTIPHLOGISTINE

LIBERALLY

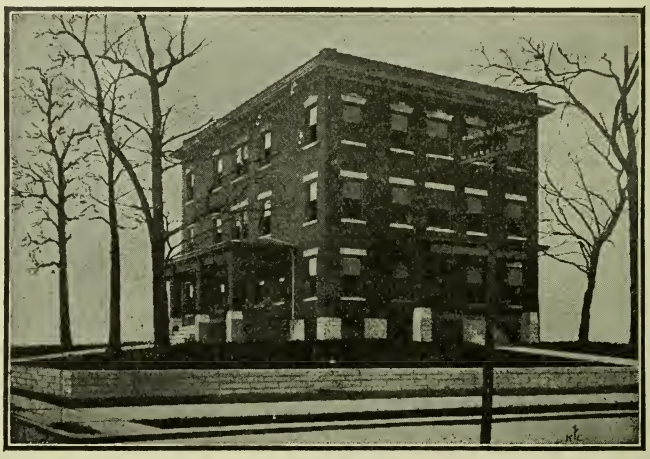
THE RESULTS WILL ALWAYS BE SATISFACTORY.

To insure economy and the best results always order a full package and specify the size required—Small, Medium, Large or Hospital Size.

THE DENVER CHEMICAL MFG. CO.
NEW YORK.

Dr. Burnett's Private Home

For Nervous Diseases and Selected Inebriates



The Home is built with up-to-date facilities for the scientific treatment of

Nervous Diseases and Drug Cases,

and open to inspection by the Profession. No assumed pretensions are made to deceive patrons or the public.

It is located in a quiet but nice part of the city where the fastidious may avoid publicity.

Therapeutical agents are WATER, ELECTRICITY, ELECTRIC LIGHT BATHS, FOOD, DRUGS, MASSAGE and the REST CURE.

The Electric Light, Bath and Water are on each floor. The Electric Operating Room contains Electrolytic, Diagnostic and Therapeutic Galvanic Currents, and the Electric Vibrator for Massage; also one of the largest and most complete and up-to-date Static Machines ever brought west, which was made to order by Van Houten & Ten Broeck of N. Y.

S. GROVER BURNETT, A. M., M. D., Supt. and Prop.,
Formerly Ass't Supt. L. I. Home, (of New York.) for Mental and Nervous Diseases and Inebriates.

REFERENCES BY PERMISSION:

T. D. CROTHERS, M. D., Supt. Walnut Lodge Hospital for Opium and Alcoholic Inebriates, Hartford, Conn.
GRAEME H. HAMMOND, M. D., Prof. Mental and Nervous Diseases, N. Y. Post-Graduate Medical College.
WILLIAM J. MORTON, Prof. Electro-Therapeutics and Mental and Nervous Diseases, N. Y. Post-Graduate Medical College.
FREDERICK PETERSON, M. D., Chief Vanderbilt Clinic. Neurological Depart. College Physicians and Surgeons, N. Y. City.
WILLIAM L. LESZYNSKY, M. D., Neurologist to Demit Dispensary, New York City.

Address Rialto Building, 9th St. and Grand Ave., Kansas City, Mo., or S. W. Cor. 31st and Euclid Ave.

PROGRESS IN MEDICINE

There must be changes or medical science will stand still. Old things must give way to new—old ideas must be modified. Cod liver oil was first used just as it came from the fish, of dark color and strong odor. Later the oil was refined. After a time the oil was emulsified, which rendered it more palatable. That was a step in advance. At a more recent date came

FORMULA ON EVERY BOTTLE

NEVER SOLD IN BULK

Hagee's Cordial of Cod Liver Oil Comp.

containing **all** the active principles of the best cod liver oil with hypophosphites lime and soda in the form of a thin fluid **Cordial**—perfectly palatable, free from grease and fishy flavor.

Prescribe

CORD. OL. MORRHUAE COMP. (Hagee)

and your patients will take it

Katharmon Chemical Co. St. Louis, Mo.

Grandview Sanitarium

Is a pleasant home and a high grade Sanitarium for the cure and treatment of Mental and Nervous Diseases, the Drug Habit and Inebriety.

Situated opposite New City Park, ½ mile west of terminus of Grandview Car Line.

It is a handsomely constructed three-story brick building of modern design, commodious in all its departments, well lighted, heated, ventilated, and fully equipped with all modern appliances for the care and treatment of such cases. An abundant supply of spring water. Liberal and home-like cuisine. Special nurse to each case.

Correspondence solicited concerning the treatment of mental disorders, Management STRICTLY ETHICAL. Address,

GEO. M. GRAY, M. D., Surgeon. *S. S. GLASSCOCK, M. D., Medical Director.*
H. O. HANAWALT, M. D., Consultant. *F. M. TRACY, M. D., General Manager.*
Telephone, 832 Hickory. *Office, 534 Minnesota Avenue.*

IN THE TREATMENT OF

ANÆMIA, NEURASTHENIA, BRONCHITIS, INFLUENZA, PULMONARY TUBERCULOSIS, AND WASTING DISEASES OF CHILDHOOD, AND DURING CONVALESCENCE FROM EXHAUSTING DISEASES,

THE PHYSICIAN OF MANY YEARS' EXPERIENCE

KNOWS THAT, TO OBTAIN IMMEDIATE RESULTS, THERE IS NO REMEDY THAT POSSESSES THE POWER TO ALTER DISORDERED FUNCTIONS, LIKE

"Fellows' Syrup of Hypophosphites"

MANY A TEXT-BOOK ON RESPIRATORY DISEASES SPECIFICALLY MENTIONS THIS PREPARATION AS BEING OF STERLING WORTH.

TRY IT, AND PROVE THESE FACTS.

SPECIAL NOTE.—Fellows' Syrup is never sold in bulk, but is dispensed in bottles containing 15 oz.

MEDICAL LETTERS MAY BE ADDRESSED TO

MR. FELLOWS, 26 CHRISTOPHER STREET, NEW YORK.

CUSHING HOSPITAL.

6th Ave. and Marshall St.

LEAVENWORTH, KANSAS.

One block from Street Railway.

AMBULANCE SERVICE.

A Fully equipped general hospital, with complete facilities for surgical, medical and obstetric cases

Separate building for contagious diseases.

First-class training school for nurses.

Patients may employ any physician they prefer.

Address,

MISS CARRIE L. TANQUARY,

Superintendent.

Just Waking Up

An American Professor of Chemistry says: "Late investigations show such variations in the active-principle content of the barks, berries, herbs and roots from which our usually-used medicinal preparations are made, that 95% of the so-called galenical medicines can but be so unreliable that definite therapeutic results by their exhibition cannot be produced."

Hare, Practical Therapeutics, says: "If a census could be made of those who die annually from the use of drugs which are impure or useless from weakness, the writer believes that a most alarming array of figures would be presented. For many years this was unavoidable to a great degree because our knowledge of the active-principles of drugs was deficient. At present these difficulties have been largely overcome."

Speaking of variability in preparations, Dr. Hare says that one sample of tincture of nux vomica "contained twice as much strychnine and brucine as it should, and had twice as much solid residue." On the other hand, another tincture of nux vomica contained only a trace of alkaloids, but had much inert solid residue. All these disadvantages Dr. Hare suggests may be avoided by using assayed goods or "the physician should employ the alkaloids in granule form." Concluding he says, and truly: ***"A poor drug to the physician is worse than a rusty knife to the surgeon."***

A LOGICAL DEDUCTION

Is it not a logical deduction, from this arraignment of the crude galenics that the active principles should be adopted in the case of every drug where the active principles have been isolated? And as these active principles are definite preparations, should there not result from their use, accurate, definite, constant results?

If you are interested, write for a complimentary copy of ABBOTT'S ALKALOIDAL DIGEST, a brief review of the means and method of active-principle practice. Samples will be sent you.

THE ABBOTT ALKALOIDAL COMPANY

MANUFACTURING CHEMISTS

Ravenswood Station, Chicago

50 West Broadway, NEW YORK.
13 Phelan Bldg., SAN FRANCISCO.

EVERGREEN PLACE HOSPITAL.

INCORPORATED.

LEAVENWORTH, KANSAS.

Hospital and Home for Nervous Invalids.

Heated by steam. Lighted by Electricity. Hot and Cold water on each floor. Electric Massage by thoroughly trained attendants. Milk and Vegetables furnished by their own dairy and gardens. Fruits in season. All Patients thoroughly classified. Four Parlors. Four Diningrooms. Thirty elegant Single Rooms. Seven Dormitories. Capacity 100. All medicines and medical attention furnished without extra cost. Management strictly professional. Electric car line to front entrance to grounds. Patients met at Railway Stations if desired. Liquor and Drug habit treated. Lying-in Cases cared for.

TERMS:—From $10 to $25 a week, in advance.

For further information address

C. C. GODDARD, M. D.,

Leavenworth, Kansas.

Training School for nurses. Course two years. Class limited to six. Students receive five dollars the first and eight dollars per month the second year. One month's probation required.

C. J. McGHEE, M. D., Secretary,

Leavenworth, Kansas.

The Best Route East and West

IS THE

Three Trains Daily Between Wichita Kansas City and St. Louis

Missouri Pacific Railway

Two Trains Daily for Hot Springs, Ark. Low Rates all the year round

The Colorado Short Line is the Missouri Pacific Ry. Low excursion rates to the resorts and principal cities of Colorado and the West during the summer season.

Elegant Buffet Cafe and Dining Cars on Colorado trains and on day trains between Kansas City and St. Louis.

SEE OUR NEAREST TICKET AGENT, OR WRITE

E. E. BLECKLEY, T. P. A., WICHITA, KANS.

Cor. Douglas & Wichita Sts.

I. R. SHERWIN, P. & T. A., WICHITA, KANS.

Surest Cure=Free!

The Pure Air, the Equable Climate and the Constant Sunshine of

New Mexico, Arizona and California

will effect the speediest cure of throat and lung troubles, if a cure is possible. The resorts in the above sections are unrivaled, offering all of these advantages, with the additional attractions of magnificent scenery, such as petrified forests, mile-deep chasms, prehistoric ruins, Pueblo Indians, giant red-woods and old Spanish Missions.

Send 10 Cents in Stamps for Health Pamphlets.

W. J. BLACK, Gen. Pass. Agt.

Santa Fe

CHICAGO, ILLINOIS.

THE FAMILY LAXATIVE

The ideal safe family laxative, known as Syrup of Figs is a product of the California Fig Syrup Co., and derives its laxative principles from senna, made pleasant to the taste and more acceptable to the stomach, by being combined with pleasant aromatic syrups and the juice of figs. It is recommended by many of the most eminent physicians, and used by millions of families with entire satisfaction. It has gained its great reputation with the medical profession by reason of the acknowledged skill and care exercised by the California Fig Syrup Co. in securing the laxative principles of the senna by an original method of its own. and presenting them in the best and most convenient form. The California Fig Syrup Co. has special facilities for commanding the choicest qualities of Alexandria senna, and its chemists devote their entire attention to the manufacture of the one product. The name—Syrup of Figs—means to the medical profession "the family laxative, manufactured by the California Fig Syrup Co.," and the name of the Company is a guarantee of the excellence of its product. Informed of the above facts, the careful physician will know how to prevent the dispensing of worthless imitations when he recommends or prescribes the original and genuine Syrup of Figs. It is well known to physicians that Syrup of Figs is a **simple, safe** and **reliable** laxative, which does not irritate or debilitate the organs on which it acts, and being pleasant to the taste, it is especially adapted to ladies and children, although generally applicable in all cases. Special investigation of the profession invited.

Syrup of Figs is never sold in bulk. It retails at fifty cents per bottle, and the name, Syrup of Figs, as well as the name of the California Fig Syrup Co. is printed on the wrappers and labels of every bottle.

CALIFORNIA FIG SYRUP CO.,

San Francisco, Cal.

Louisville, Ky, ø ø ø New York, N. Y.

Kansas Medical College.

Medical Department of Washburn College.

NORMAN PLASS, PRESIDENT.
H. L. ALKIRE, M. D., DEAN.
R. S. MAGEE, M. D., SECRETARY.

New Term Begins Wednesday, September 14, 1904.

Course of Medical Study graded through four sessions of seven months in each year. Laboratory facilities modern and complete Excellent clinical instruction. The teaching facilities and hospital advantages are unsurpassed.

University of Kansas School of Medicine

New Term Begins on Wednesday, September 7, 1904.

NINE MONTHS ANNUAL COURSE.

Highest grade of laboratory work provided for the first two years of a medical course. This taken after two years of work in the College of Liberal Arts will enable the student to enter the junior year of the best medical schools and thus in six years secure both the A. B and M. D. degrees. For announcements, address:

CHANCELLOR FRANK STRONG,
LAWRENCE, KANSAS.

CREIGHTON MEDICAL COLLEGE,

Cor. 14th & Davenport Sts., Omaha, Neb.

The eleventh annual course of study in this institution will begin Wednesday, Sept. 21, 1904. The course in this college consists of four terms of seven and one-half months each. The first two years are devoted to the study of the so-called scientific branches included in a medical course. For this purpose, the new college building is furnished with lecture rooms and laboratories equipped with the latest and best paraphernalia for teaching, demonstrating and for individual work in these branches. The third and fourth years are given up to the study of what might be termed the practical part of the medical course. Here, the instruction is carried on by means of Clinics and Clinical lectures. The student is brought in contact and becomes familiar with the different phases of all the diseases he reads about. For this purpose the clinical material in St. Joseph and St. Bernard hospitals, the two largest hospitals in the west, is reserved for the exclusive benefit of students attending this school.

All buildings, both college and hospitals, are new and modern and the equipment the best that money can buy. In addition to the regular term of seven and one-half months, a spring course of two months in first and second year work will be continued from close of winter term to last of June. For further information address

D. C. BRYANT, M. D., Sec. Creighton Medical College,
No. 206 McCague Building, Omaha, Nebraska.

J. S. WEVER, M. D.,

EYE—EAR—NOSE—THROAT

404 Bryant Building, :: :: :: KANSAS CITY, MO.

INDEPENDENT AND BELL LONG DISTANCE PHONES NO. 411.

J. C. McCLINTOCK,

SURGEON.

1313 Filmore Street . . . . . TOPEKA, KANSAS.

J. N. SCOTT, M. D.

Practice limited to

X-RAY— AND ELECTRO-THERAPEUTICS. SPECIAL ATTENTION GIVEN TO THE TREATMENT OF MALIGNANT GROWTHS, PESUDO-LEUKEMIA LUPUS, ETC., BY THE X-RAY AND ULTRA-VIOLET LIGHT.

TELEPHONE 2030 MAIN. 212-14-15-16 RIDGE BLDG. KANSAS CITY, MO.

DOSE
One to three teaspoonfuls, according to the amount of Bromides required

THE BEST RESULTS
Are assured in Bromide treatment when you specify

FORMULA
Each fluid drachm represents 15 grains of the combined C. P. Bromides of Potassium, Sodium, Calcium, Ammonium and Lithium

PEACOCK'S BROMIDES

AND THE GENUINE IS DISPENSED

Half-pound bottles only

PURITY
THE BEST IS THE CHEAPEST

For Physicians' Prescriptions

Neurologists and General Practitioners prefer it because of its superior qualities over the commercial salts.

For clinical trial we will send full size bottle of either or both preparations to any physician who will pay exp. charges

Hepatic Stimulation

Without Catharsis

CHIONIA

DOSE
One to two teaspoonfuls three times a day

Re-establishes portal circulation without producing congestion
Invaluable in all ailments due to hepatic torpor

PEACOCK CHEMICAL CO., ST. LOUIS, MO., U. S. A.

FORMULA
Prepared from Chionanthus Virginica, from which the inert and nauseating features of the drug have been eliminated

SENG

A Palatable Preparation of PANAX SCHINSENG in an Aromatic Essence

It promotes Normal Digestion by encouraging the flow of Digestive Fluids
It is the Modern and Most Successful Treatment for
INDIGESTION

A full size bottle, for trial, to physicians who will pay express charges

DOSE: One to two teaspoonfuls three times a day

CACTINA PILLETS

Has Many Advantages Over Other Heart Stimulants

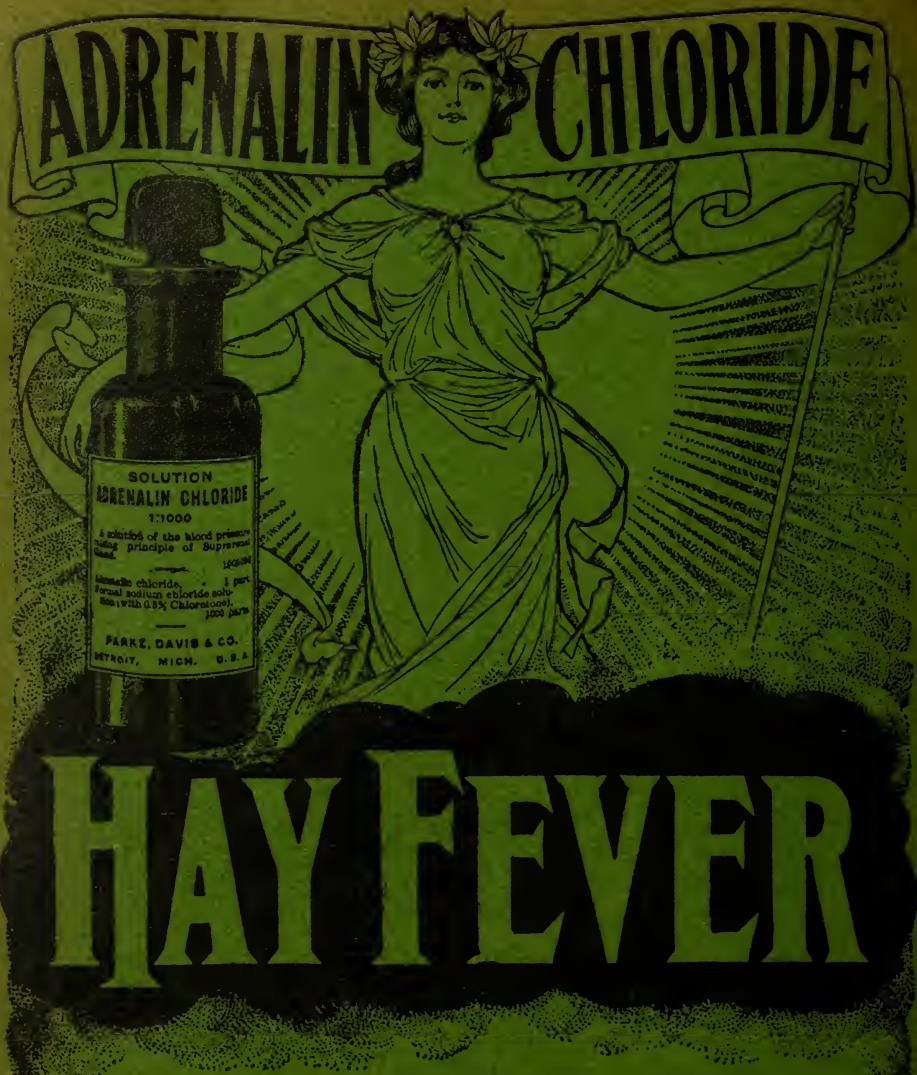
IT HAS NO CUMULATIVE ACTION, AND IS ABSOLUTELY SAFE AND RELIABLE

Each pillet represents one one-hundredth of a grain CACTINA, the active principle of CEREUS GRANDIFLORA

DOSE: One to four pillets three times a day

Samples mailed to physicians only

SULTAN DRUG COMPANY
St. Louis, Mo.



"THE MOST RATIONAL AGENT."

Prominent medical men say this of *SOLUTION ADRENALIN CHLORIDE* in the treatment of Hay Fever. Diluted with four or five times its volume of normal salt solution and sprayed into the nostrils, this marvelous astringent and vasomotor stimulant affords prompt relief. Two or three applications daily usually serve to keep the patient in a state of comparative comfort.

Supplied in ounce glass-stoppered vials.

NOTE.—We also supply ADRENALIN INHALANT, a neutral oil solution containing 1-1000 Adrenalin Chloride (in ounce vials), and ADRENALIN OINTMENT, 1000 parts of a neutral base and 1 part Adrenalin Chloride (in collapsible tubes), both admirable agents in Hay Fever.

PARKE, DAVIS & COMPANY

HOME OFFICES AND LABORATORIES, DETROIT, MICH.

SEP 9 1904
LIBRARY.

SEPTEMBER 1904

INDEX ON ADVERTISING PAGE TWO

The Journal of

The Kansas Medical Society

in which is incorporated

The Wichita Medical Journal

AND

The Western Medical Journal

PUBLISHED THE FIRST OF EACH MONTH AT
900 TENNESSEE ST., LAWRENCE, KANSAS

Admission to the mails as second-class matter applied for at Lawrence, Kansas

SINGLE COPIES, TWENTY-FIVE CENTS YEARLY, TWO DOLLARS

College of
Physicians and Surgeons
Medical Department of
Kansas City University,
KANSAS CITY, KANSAS.

Four year's graded course.
Unsurpassed clinical facilities. Laboratories complete. Outdoor obstetric and medical clinic first-class. Anatomical material in abundance. For catalogue address

J. E. SAWTELL, M. D., Dean,
310 Rialto Bldg.,
Kansas City, Mo.

or

E. M. HETHERINGTON, M. D.,
Secretary,
526 Altman Bldg., Kansas City, Mo.

INDEX

ORIGINAL: Topographical Anatomy of the Head—MARIE A. GREENE 428
Care of the Perineum During Confinement—DR. S. B. LANGWORTHY 419
REPORTS: State Board of Health 427
Harvey County 445
Linn County 446
Marshall County 447
Third District 447
Second District 418
EDITORIAL: Standards of Medical Education 448

All communications should be addressed to DR. GEORGE HOWARD HOXIE, 900 Tennessee St., Lawrence, Kansas, the editor and business manager. Authors desiring REPRINTS must send in notice with the manuscript. The reprints will be furnished at cost. The ADVERTISING RATE is seventy-five dollars a year for a page; forty-five dollars for a half page.

B. F. CRUMMER, M. D., President. D. A. FOOTE, Vice-President.

Physicians Casuality Association

DIRECTORS:
C. C. ALLISON, M. D., Omaha, Neb.
F. S. OWEN, M. D., Omaha, Neb.
ROB'T GILMORE, M. D., Omaha, Neb.
W. F. MILROY, M. D., Omaha, Neb.
R. W. CONNELL, M. D., Omaha, Neb.
D. C. BRYANT, M. D., Omaha, Neb.
V. L. TREYNOR, M. D., Council Bluffs, Neb.
C. M. SCHINDEL, M. D., So. Omaha, Neb.
A. R. RAY, M. D., Fairfield, Neb.

A MUTUAL ASSOCIATION OF PHYSICIANS AND SURGEONS TO PROVIDE ACCIDENT INSURANCE AT ACTUAL COST

No profits to anyone. Members in 34 States and Canada.

$25.00 WEEKLY COSTS ABOUT $3.00 QUARTERLY
: : : : : : : : OF, BY AND FOR PHYSICIANS. : : : : : : : :

FOR PARTICULARS, ADDRESS

38-39 U. S. NATIONAL BANK BUILDING. E. E. ELLIOTT, OMAHA, NEB.
SECRETARY.

GLYCO-THYMOLINE

PROPHYLAXIS—The very nature of artificial foods and cow's milk predisposes to their rapid decomposition. A few drops of Glyco Thymoline added to each feeding corrects acidity and prevents disorders of stomach and intestines.

TREATMENT—As an adjunct to your treatment of summer complaints, Glyco-Thymoline used internally and by enema corrects hyperacid conditions, stops excessive fermentation and prevents auto intoxication. It is soothing—alkaline—nontoxic.

SUMMER COMPLAINT

KRESS & OWEN CO. (SAMPLES AND LITERATURE ON APPLICATION.) 210 FULTON ST., N. Y.

SOLE AGENTS FOR GREAT BRITAIN, THOS. CHRISTY & CO., 4, 10 & 12 SWAN LANE, LONDON, E. C.

BLOOD DEGENERACY

may become brain degeneracy. Build up the condition of the blood and you build up the condition of the fundamental force of the body. Blood degeneracy, like moral degeneracy, denotes a lack of power to resist. A weakened condition of the blood leaves the system an easy prey to malarial affections and contagious diseases.

Pepto-Mangan ("Gude")

is the vital force which restores the blood to its normal germicidal potency. It is a nutrient oxygen carrying agent. After typhoid fever and all diseases producing cachexia, when PEPTO-MANGAN ("GUDE") is administered, systemic reconstruction is rapid.

PEPTO-MANGAN ("GUDE") is ready for quick absorption and rapid infusion into the circulating fluid and is consequently of marked and certain value in all forms of

Anæmia, Chlorosis, Bright's Disease, Rachitis, Neurasthenia, etc.

To assure proper filling of prescriptions, order Pepto-Mangan ("Gude") in original bottles containing ℥ xi. *It's Never sold in bulk.*

SAMPLES AND LITERATURE UPON APPLICATION

M. J. BREITENBACH COMPANY,

LABORATORY, LEIPZIG, GERMANY.

53 WARREN STREET, NEW YORK.

TONGALINE

RHEUMATISM NEURALGIA
SCIATICA LUMBAGO
GOUT GRIPPE
NERVOUS HEADACHE

ALL THE SALICYLIC ACID IN TONGALINE IS MADE FROM THE PUREST NATURAL OIL OF WINTERGREEN

TONGALINE LIQUID-TONGALINE TABLETS
TONGALINE & LITHIA TABLETS
TONGALINE & QUININE TABLETS

WRITE FOR SAMPLES MELLIER DRUG COMPANY SAINT LOUIS

Practice Limited to Eye, Ear, Nose and Throat.

J. F. GSELL, M. D.

Office 112 E. Douglas, - Wichita, Kansas.

C. J. LIDIKAY, M. D.

Practice limited to

Eye, Ear, Nose and Throat.

Portsmouth Bldg. Kansas City, Kan.

J. C. BROWN, M. D.

Practice Limited to
EYE, EAR, NOSE AND THROAT.

140 North Main St., Wichita, Kan,

E. E. HAMILTON, M. D,

Practice Limited to
EYE, EAR, NOSE AND THROAT.

Wichita, Kansas.
128 East Douglas Ave. Bitting Block.

SAL HEPATICA.

Effervescent uric acid solvent and eliminator, stimulates liver, tones all intestinal glands, purifies alimentary tract and improves digestion, assimilation and metabolism. It is practically specific in rheumatism, gout and bilious attacks. Sal Hepatica has no equal for eliminating toxic products from intestinal tract or blood, and correcting vicious or clogged functions. Write for free sample.

BRISTOL-MYERS CO.,
Brooklyn, New York.

PAPINE IS THE PAIN-RELIEVING PRINCIPLE OF OPIUM. ONE CAN DISPENSE WITH OPIUM THE NARCOTIC; ONE CANNOT DISPENSE WITH OPIUM THE PAIN-RELIEVER. PAPINE PRODUCES NO TISSUE CHANGES, NO CEREBRAL EXCITEMENT, NO INTERFERENCE WITH DIGESTION.

Sample (12 oz.) Bottle Ecthol Sent Free on Receipt of 25 Cts. to Prepay Express.

FORMULA:--One fluid drachm is equal in anodyne power to 1-8 gr. Morphine.

BROMIDIA
ECTHOL
IODIA

BATTLE & CO., CHEMISTS CORPORATION, ST. LOUIS, MO., U. S. A.

ANTIKAMNIA PREPARATIONS

ANTIKAMNIA & SALOL TABLETS

Hare says "Salol renders the intestinal canal antiseptic and is the most valued drug in intestinal affections." The anodyne properties of Antikamnia in connection with Salol render this tablet very useful in Dysentery, Indigestion, Cholera Morbus, Diarrhœa, Colic, and all conditions due to intestinal fermentation.

LAXATIVE ANTIKAMNIA & QUININE TABLETS

To reduce fever, quiet pain, and at the same time administer a gentle tonic-laxative is to accomplish a great deal with a single tablet. Among the many diseases and affections which call for such a combination, we might mention La Grippe, Influenza, Coryza, Coughs and Colds, Chills and Fever, Biliousness, Dengue and Malaria with its general discomfort and great debility.

ANTIKAMNIA & CODEINE TABLETS

Especially useful in Dysmenorrhœa, Utero-Ovarian Pain, and pain in general caused by suppressed or irregular menses. This tablet controls the pains of these disorders in the shortest time and by the most natural and economic method. The synergetic action of these drugs is *ideal*, for not only are their sedative and analgesic properties unsurpassed, but they are followed by no unpleasant effects. The efficacy of this tablet in neuroses of the larynx is well known.

THE ANTIKAMNIA CHEMICAL COMPANY

ST. LOUIS, U. S. A.

Five-Grain Antikamnia Tablets
Laxative Antikamnia & Quinine Tablets

AK

Antikamnia & Codeine Tablets
Antikamnia & Heroin Tablets

FOR ENTERO-COLITIS
FOR ERYSIPELAS
FOR FELONS
FOR INFLAMED GLANDS
FOR PLEURISY
FOR PNEUMONIA
FOR POISON IVY
FOR POISON OAK
FOR RHEUMATISM
FOR SYNOVITIS
FOR SPRAINS
FOR SPASMODIC CROUP
AND
FOR ANY INFLAMMATORY DISEASE
REQUIRING LOCAL TREATMENT
USE

ANTIPHLOGISTINE

LIBERALLY

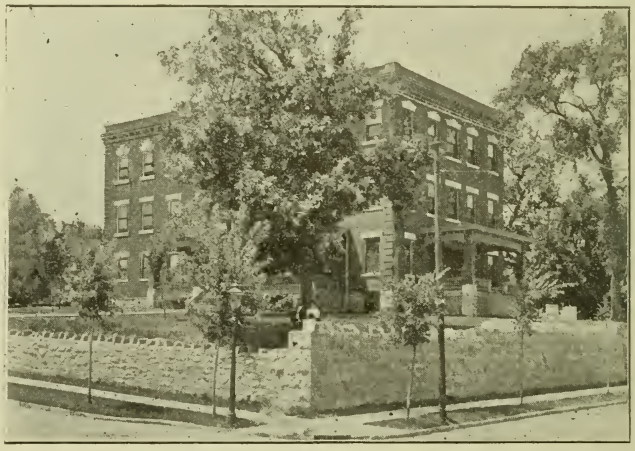
THE RESULTS WILL ALWAYS BE SATISFACTORY.

To insure economy and the best results always order a full package and specify the size required—Small, Medium, Large or Hospital Size.

THE DENVER CHEMICAL MFG. CO.
NEW YORK.

Dr. Burnett's Private Home

For Nervous Diseases and Selected Inebriates



The Home is built with up-to-date facilities for the scientific treatment of

Nervous Diseases and Drug Cases,

and open to inspection by the Profession. No assumed pretensions are made to deceive patrons or the public.

It is located in a quiet but nice part of the city where the fastidious may avoid publicity.

Therapeutical agents are WATER, ELECTRICITY, ELECTRIC LIGHT BATHS, FOOD, DRUGS, MASSAGE and the REST CURE.

The Electric Light, Bath and Water are on each floor. The Electric Operating Room contains Electrolytic, Diagnostic and Therapeutic Galvanic Currents, and the Electric Vibrator for Massage; also one of the largest and most complete and up-to-date Static Machines ever brought west, which was made to order by Van Houten & Ten Broeck of N. Y.

S. GROVER BURNETT, A. M., M. D., Supt. and Prop.,
Formerly Ass't Supt. L. I. Home, (of New York.) for Mental and Nervous Diseases and Inebriates.

REFERENCES BY PERMISSION:

T. D. CROTHERS, M. D., Supt. Walnut Lodge Hospital for Opium and Alcoholic Inebriates, Hartford, Conn.
GRAEME H. HAMMOND, M. D., Prof. Mental and Nervous Diseases, N. Y. Post-Graduate Medical College.
WILLIAM J. MORTON, Prof. Electro-Therapeutics and Mental and Nervous Diseases, N. Y. Post-Graduate Medical College.
FREDERICK PETERSON, M. D., Chief Vanderbilt Clinic. Neurological Depart. College Physicians and Surgeons, N. Y. City.
WILLIAM L. LESZYNSKY, M. D., Neurologist to Demit Dispensary, New York City.

Address Rialto Building, 9th St. and Grand Ave., Kansas City, Mo., or S. W. Cor. 31st and Euclid Ave.

PROGRESS IN MEDICINE

There must be changes or medical science will stand still. Old things must give way to new—old ideas must be modified. Cod liver oil was first used just as it came from the fish, of dark color and strong odor. Later the oil was refined. After a time the oil was emulsified, which rendered it more palatable. That was a step in advance. At a more recent date came

FORMULA ON EVERY BOTTLE

NEVER SOLD IN BULK

Hagee's Cordial of Cod Liver Oil Comp.

containing **all** the active principles of the best cod liver oil with hypophosphites lime and soda in the form of a thin fluid **Cordial**—perfectly palatable, free from grease and fishy flavor.

Prescribe

CORD. OL. MORRHUAE COMP. (Hagee)

and your patients will take it

Katharmon Chemical Co. St. Louis, Mo.

Grandview Sanitarium

Is a pleasant home and a high grade Sanitarium for the cure and treatment of Mental and Nervous Diseases, the Drug Habit and Inebriety.

Situated opposite New City Park, ½ mile west of terminus of Grandview Car Line.

It is a handsomely constructed three-story brick building of modern design, commodious in all its departments, well lighted, heated, ventilated, and fully equipped with all modern appliances for the care and treatment of such cases. An abundant supply of spring water. Liberal and home-like cuisine. Special nurse to each case.

Correspondence solicited concerning the treatment of mental disorders, Management STRICTLY ETHICAL. Address,

GEO. M. GRAY, M. D., Surgeon. *S. S. GLASSCOCK, M. D., Medical Director.*
H. O. HANAWALT, M. D., Consultant. *F. M. TRACY, M. D., General Manager.*
Telephone, 832 Hickory. *Office, 534 Minnesota Avenue.*

IN THE TREATMENT OF

ANÆMIA, NEURASTHENIA, BRONCHITIS, INFLUENZA, PULMONARY TUBERCULOSIS, AND WASTING DISEASES OF CHILDHOOD, AND DURING CONVALESCENCE FROM EXHAUSTING DISEASES,

THE PHYSICIAN OF MANY YEARS' EXPERIENCE

KNOWS THAT, TO OBTAIN IMMEDIATE RESULTS, THERE IS NO REMEDY THAT POSSESSES THE POWER TO ALTER DISORDERED FUNCTIONS, LIKE

"Fellows' Syrup of Hypophosphites"

MANY A TEXT-BOOK ON RESPIRATORY DISEASES SPECIFICALLY MENTIONS THIS PREPARATION AS BEING OF STERLING WORTH.

TRY IT, AND PROVE THESE FACTS.

SPECIAL NOTE.—Fellows' Syrup is never sold in bulk, but is dispensed in bottles containing 15 oz.

MEDICAL LETTERS MAY BE ADDRESSED TO

MR. FELLOWS, 26 CHRISTOPHER STREET, NEW YORK.

CUSHING HOSPITAL.

6th Ave. and Marshall St.

LEAVENWORTH, KANSAS.

One block from Street Railway.

AMBULANCE SERVICE.

A Fully equipped general hospital, with complete facilities for surgical, medical and obstetric cases

Separate building for contagious diseases.

First-class training school for nurses.

Patients may employ any physician they prefer.

Address,

MISS CARRIE L. TANQUARY,

Superintendent.

THE COMMERCIAL SIDE.

Miss Greene's article in this number showing cross sections of the human head may be had in reprint at twenty-five cents a copy. Address orders to The Journal.

Practice for Sale—with office, furniture and complete set of surgical instruments must be sold at once to settle estate, Address James D. Whelan, Junction City, Kansas. Any reader who knows some young physician in need of an outfit and opening, would do him a kindness to call his attention to the above card. The practice belonged to one of the most respected men in that part of the country.

Tuberculosis—Anyone interested in the literature on this subject will find much valuable material in the March 1904 number (just issued) of the *Colorado Medical Journal* (133 West Colfax av., Denver). It contains some two hundred pages of contributions from men all over the country, from New York to New Mexico. Dr. John Punton of Kansas City has a contribution on the psychic phenomena of consumption.

Do you know anything of the Alkaloidal treatment of disease? Do you want to know? Then send for a complimentary copy of Abbott's Alkaloidal Digest. This little brief review of therapeutics gives you a great deal of information on the action of the alkaloids and active principles. It will repay the trouble that you take many times. Send for it *now*. Mention The Journal. Address, The Abbott Alkaloidal Co., Ravenswood Station, Chicago, Ill.

The Journal—We intend to improve as well as enlarge The Journal so that it will be worth two dollars a year. Then members of the state society will be receiving full value for their two dollar membership fee in The Journal alone. We plan to charge of course two dollars for the yearly subscription. It would assist us materially if you would speak a good word for The Journal to your colleague today and urge him to subscribe. Kansans are noted for their loyalty. Here is a chance to show it. The Journal is surely worth it.

Bruises, sprains and abrasions consequent upon tennis, golf, mountain climbing and other outdoor sports are prevalent at this season. Infected wounds are frequent and disabling. Country life also brings the results of contact with poison ivy, poison oak and the various venomous insects with their characteristic weapons of offense. In all these cases the physicians first thought should be antiphlogistine. It reduces inflammation of all sorts better and more quickly than any other application, while for poisoned wounds and dermatitis venenata it is almost a specific.

"In my early practice I was a firm believer in the acid treatments, believing that if you could render the intestinal tract acid the germs could not live, hence cure the disease. Later I made quite a discovery and found that to render the alimentary canal aseptic with an alkaline medium would do the work and not pervert nature as the acid treatment always did. Hence I began looking for such a product and found your preparation, glyco-Thymoline, to exactly fill the bill. Not only does it produce the desired results in the treatment of typhoid fever, but in cholera infantum and almost every affection of the primæ viæ. Treatment: Internal administration and colon flushing."—Dr. C. W. Canan, Orkney, Springs, Va.

Prof. Charles J. Vaughan, Chair of Gynaecology, Atlanta College of Physicians and Surgeons, writes: "Neuralgia constitutes the great cause of danger from the employment of hypnotics and narcotics, which only afford relief by numbing, but effect no cure. On the other hand, the formation of a drug habit rather aggravates the condition from which relief was originally sought. Neurasthenia, neuralgia and other manifestations, either of an active or passive character, are common and are always peculiarly rebellious to treatment. Cerebro-nervous affections peculiar to women associated with pathological disturbances of the productive organs are legion, and most trying to physician and patient. I have found nothing so well suited to these cases as Antikamnia tablets, administered in doses of from one to three tablets and repeated every one, two and three hours according to the attendant's judgment. These tablets afford complete relief without fostering a drug habit and their exhibition is attended with no unpleasant after effects. For the relief of painful menstration there is no combination of remedies so generally successful as antikamnia and codeine tablets. Their sedative, analgesic and anodyne properties especially commend them in the neuralgic and congestive forms of this distressing affection."

SIMMONS HOSPITAL

THE hospital is located in one of the best constructed mansions of Lawrence in a beautiful part of the town. The rooms are large and well ventilated. The attendant nurses are the best to be had. While the hospital is designed especially for surgical cases, medical cases are not refused. Physicians who bring in cases may retain charge of their patients in the hospital.

DR. C. J. SIMMONS, *Attending Surgeon.* DR. F. R. KEITH, *House Physician.*

LAWRENCE, KANSAS.

CLAY CENTER HOSPITAL

and Training School for Nurses

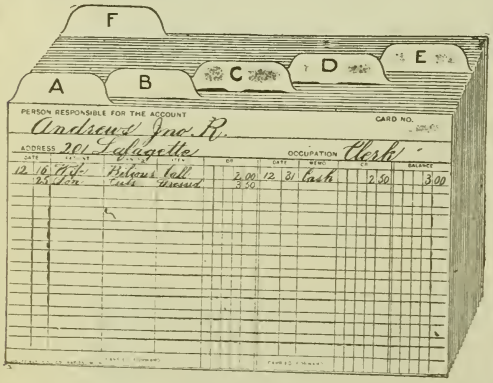
STAFF: J. P. STEWART, Clay Center, Kansas; R. J. MORTON, Green, Kansas
B. F. MORGAN, Clay Center, Kansas; M. C. PORTER, Clay Center, Kansas.

Dr. Porter is the general manager to whom communications should be addressed.

THE "COUFFIELD" GRAND RAPIDS, MICH. U.S.A.

Card System FOR Physicians

We have devised a Card System for physicians for recording all the information in connection with **each** case, and also keeping a record of the account of each patient. It is the most *practical* and *convenient* arrangement known, and one that is very popular with the medical profession.



$1.90 Cash with order, *express prepaid*, buys this **complete** outfit, consisting of

ONE DESK DRAWER CASE, made of solid quarter-sawed white oak, finished golden, rubbed and highly polished, equipped with an adjustable follower block for keeping contents in an upright position, nine inches long for 3x5 inch cards, with felt feet to protect desk.

200 RECORD CARDS, highest quality linen bristol, white, pen ruled in colors, and printed.

TWO SETS OF 20-DIVISION ALPHABETICAL GUIDES, two colors, one for indexing "Open Accounts" and one for "Closed Accounts."

It is worth, at retail, $3.50. **We offer it at this very low price** *simply to advertise* our labor-saving systems for physicians' use. Mention this ad and publication

H. L. COUFFIELD CO.

DEVISERS OF SYSTEMS FOR PHYSICIANS.

232 O ST., GRAND RAPIDS, MICH.

Practice Limited to Diseases of Eye, Ear, Nose and Throat.

DR. J. W. MAY,

Telephone 243 West.

501-502 Husted Bldg. Kansas City, Kan.

Tel. West 98. Office Hours 1 to 4 p. m.

R. A. ROBERTS, M. D.

Rectal and Genito-Urinary Diseases.

502-3 Husted Bldg, Kansas City, Kan.

HERMAN E. PEARSE, M. D.

SURGEON.

322 Rialto Bldg. Kansas City, Mo.

P. D. HUGHES, M. D.

SURGEON.

KANSAS CITY, - KANSAS.

Ind. Tel. 825. Office Hours 2 to 5.

DR. WILLIAM E. M'VEY

Practice Limited to

CHEST, THROAT AND NOSE.

625 Kansas Ave. Topeka, Kansas.

J. M. POINDEXTER, M. D.

SURGEON.

RECTAL DISEASES A SPECIALTY.

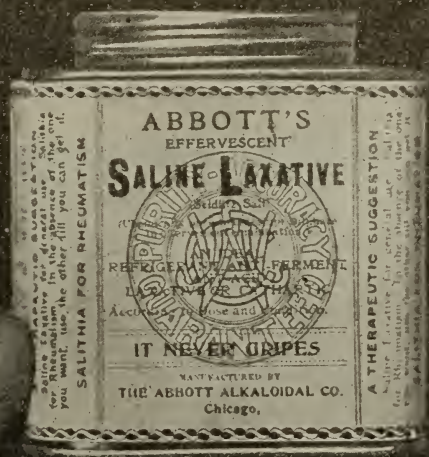
534 Altman Bldg. Kansas City, Mo.

William F. Bernart,

M. D.,

HOT SPRINGS, - - ARKANSAS.

IT DOES THE BUSINESS AND NEVER GRIPES



KEEP IT ON HAND

THE ABBOTT ALKALOIDAL CO.

MANUFACTURING CHEMISTS

NEW YORK. CHICAGO, ILL. SAN FRANCISCO.

HEADQUARTERS FOR ALKALOIDAL PREPARATIONS.

The Best Route East and West

IS THE

Three Trains Daily Between Wichita Kansas City and St. Louis

Missouri Pacific Railway

Two Trains Daily for Hot Springs, Ark. Low Rates all the year round

The Colorado Short Line is the Missouri Pacific Ry. Low excursion rates to the resorts and principal cities of Colorado and the West during the summer season.

Elegant Buffet Cafe and Dining Cars on Colorado trains and on day trains between Kansas City and St. Louis.

SEE OUR NEAREST TICKET AGENT, OR WRITE

E. E. BLECKLEY, T. P. A., WICHITA, KANS.

Cor. Douglas & Wichita Sts.

I. R. SHERWIN, P. & T. A., WICHITA, KANS.

Surest Cure=Free!

The Pure Air, the Equable Climate and the Constant Sunshine of

New Mexico, Arizona and California

will effect the speediest cure of throat and lung troubles, if a cure is possible. The resorts in the above sections are unrivaled, offering all of these advantages, with the additional attractions of magnificent scenery, such as petrified forests, mile-deep chasms, prehistoric ruins, Pueblo Indians, giant red-woods and old Spanish Missions.

Send 10 Cents in Stamps for Health Pamphlets.

W. J. BLACK, Gen. Pass. Agt.

Santa Fe

CHICAGO, ILLINOIS.

EVERGREEN PLACE HOSPITAL.

INCORPORATED.

LEAVENWORTH, KANSAS.

Hospital and Home for Nervous Invalids.

Heated by steam. Lighted by Electricity. Hot and Cold water on each floor. Electric Massage by thoroughly trained attendants. Milk and Vegetables furnished by their own dairy and gardens. Fruits in season. All Patients thoroughly classified. Four Parlors. Four Diningrooms. Thirty elegant Single Rooms. Seven Dormitories. Capacity 100. All medicines and medical attention furnished without extra cost. Management strictly professional. Electric car line to front entrance to grounds. Patients met at Railway Stations if desired. Liquor and Drug habit treated. Lying-in Cases cared for.

TERMS:—From $10 to $25 a week, in advance.

For further information address

C. C. GODDARD, M. D.,

Leavenworth, Kansas.

Training School for nurses. Course two years. Class limited to six. Students receive five dollars the first and eight dollars per month the second year. One month's probation required.

C. J. McGHEE, M. D., Secretary,

Leavenworth, Kansas.

THE FAMILY LAXATIVE

The ideal safe family laxative, known as Syrup of Figs is a product of the California Fig Syrup Co., and derives its laxative principles from senna, made pleasant to the taste and more acceptable to the stomach, by being combined with pleasant aromatic syrups and the juice of figs. It is recommended by many of the most eminent physicians, and used by millions of families with entire satisfaction. It has gained its great reputation with the medical profession by reason of the acknowledged skill and care exercised by the California Fig Syrup Co. in securing the laxative principles of the senna by an original method of its own. and presenting them in the best and most convenient form. The California Fig Syrup Co. has special facilities for commanding the choicest qualities of Alexandria senna, and its chemists devote their entire attention to the manufacture of the one product. The name—Syrup of Figs—means to the medical profession "the family laxative, manufactured by the California Fig Syrup Co.," and the name of the Company is a guarantee of the excellence of its product. Informed of the above facts, the careful physician will know how to prevent the dispensing of worthless imitations when he recommends or prescribes the original and genuine Syrup of Figs. It is well known to physicians that Syrup of Figs is a **simple, safe** and **reliable** laxative, which does not irritate or debilitate the organs on which it acts, and being pleasant to the taste, it is especially adapted to ladies and children, although generally applicable in all cases. Special investigation of the profession invited.

Syrup of Figs is never sold in bulk. It retails at fifty cents per bottle, and the name, Syrup of Figs, as well as the name of the California Fig Syrup Co. is printed on the wrappers and labels of every bottle.

CALIFORNIA FIG SYRUP CO.,

San Francisco, Cal.

Louisville, Ky, ø ø ø New York, N. Y.

Kansas Medical College.

Medical Department of Washburn College.

NORMAN PLASS, PRESIDENT.
H. L. ALKIRE, M. D., DEAN.
R. S. MAGEE, M. D., SECRETARY.

New Term Begins Wednesday, September 14, 1904.

Course of Medical Study graded through four sessions of seven months in each year. Laboratory facilities modern and complete Excellent clinical instruction. The teaching facilities and hospital advantages are unsurpassed.

University of Kansas School of Medicine

New Term Begins on Wednesday, September 7, 1904.

NINE MONTHS ANNUAL COURSE.

Highest grade of laboratory work provided for the first two years of a medical course This taken after two years of work in the College of Liberal Arts will enable the student to enter the junior year of the best medical schools and thus in six years secure both the A. B and M. D. degrees. For announcements, address:

CHANCELLOR FRANK STRONG,
LAWRENCE, KANSAS.

CREIGHTON MEDICAL COLLEGE,

Cor. 14th & Davenport Sts., Omaha, Neb.

The eleventh annual course of study in this institution will begin Wednesday, Sept. 21, 1904. The course in this college consists of four terms of seven and one-half months each. The first two years are devoted to the study of the so-called scientific branches included in a medical course. For this purpose, the new college building is furnished with lecture rooms and laboratories equipped with the latest and best paraphernalia for teaching, demonstrating and for individual work in these branches. The third and fourth years are given up to the study of what might be termed the practical part of the medical course. Here, the instruction is carried on by means of Clinics and Clinical lectures. The student is brought in contact and becomes familiar with the different phases of all the diseases he reads about. For this purpose the clinical material in St. Joseph and St. Bernard hospitals, the two largest hospitals in the west, is reserved for the exclusive benefit of students attending this school.

All buildings, both college and hospitals, are new and modern and the equipment the best that money can buy. In addition to the regular term of seven and one-half months, a spring course of two months in first and second year work will be continued from close of winter term to last of June. For further information address

D. C. BRYANT, M. D., Sec. Creighton Medical College,
No. 205 McCague Building, Omaha, Nebraska.

J. S. WEVER, M. D.,

EYE—EAR—NOSE—THROAT

404 Bryant Building, :: :: :: KANSAS CITY, MO.

INDEPENDENT AND BELL LONG DISTANCE PHONES NO. 411.

J. C. McCLINTOCK,

SURGEON.

1313 Filmore Street . . . . . TOPEKA, KANSAS.

J. N. SCOTT, M. D.

Practice limited to

X-RAY— AND ELECTRO-THERAPEUTICS. SPECIAL ATTENTION GIVEN TO THE TREATMENT OF MALIGNANT GROWTHS, PESUDO-LEUKEMIA LUPUS, ETC., BY THE X-RAY AND ULTRA-VIOLET LIGHT.

TELEPHONE 2030 MAIN. 212-14-15-16 RIDGE BLDG. KANSAS CITY, MO.

DOSE
One to three teaspoonfuls, according to the amount of Bromides required

THE BEST RESULTS
Are assured in Bromide treatment when you specify

FORMULA
Each fluid drachm represents 15 grains of the combined C. P. Bromides of Potassium, Sodium, Calcium, Ammonium and Lithium

PEACOCK'S BROMIDES

AND THE GENUINE IS DISPENSED

Half-pound bottles only

For Physicians' Prescriptions

Neurologists and General Practitioners prefer it because of its superior qualities over the commercial salts.

For clinical trial we will send full size bottle of either or both preparations to any physician who will pay exp. charges

PURITY
THE BEST IS THE CHEAPEST

Hepatic Stimulation **Without Catharsis**

CHIONIA

DOSE
One to two teaspoonfuls three times a day

Re-establishes portal circulation without producing congestion
Invaluable in all ailments due to hepatic torpor

PEACOCK CHEMICAL CO., ST. LOUIS, MO., U. S. A.

FORMULA
Prepared from Chionanthus Virginica, from which the inert and nauseating features of the drug have been eliminated

SENG

A Palatable Preparation of PANAX SCHINSENG in an Aromatic Essence

It promotes Normal Digestion by encouraging the flow of Digestive Fluids
It is the Modern and Most Successful Treatment for
INDIGESTION

A full size bottle, for trial, to physicians who will pay express charges

DOSE: One to two teaspoonfuls three times a day

CACTINA PILLETS

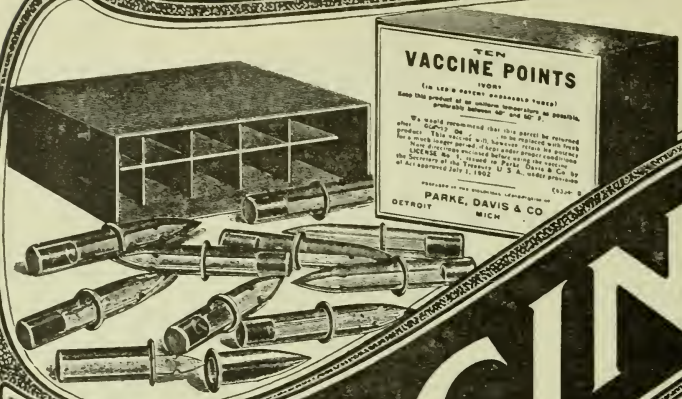
Has Many Advantages Over Other Heart Stimulants

IT HAS NO CUMULATIVE ACTION, AND IS ABSOLUTELY SAFE AND RELIABLE

Each pillet represents one one-hundredth of a grain CACTINA, the active proximate principle of CEREUS GRANDIFLORA

DOSE: One to four pillets three times a day
Samples mailed to physicians only

SULTAN DRUG COMPANY
St. Louis, Mo.



VACCINE

ACTIVITY, ASEPSIS AND CONVENIENCE

are distinguishing qualities of the ideal vaccine. You get them, full measure, in our glycerinated virus.

Rigid Bacteriological and Physiological Tests

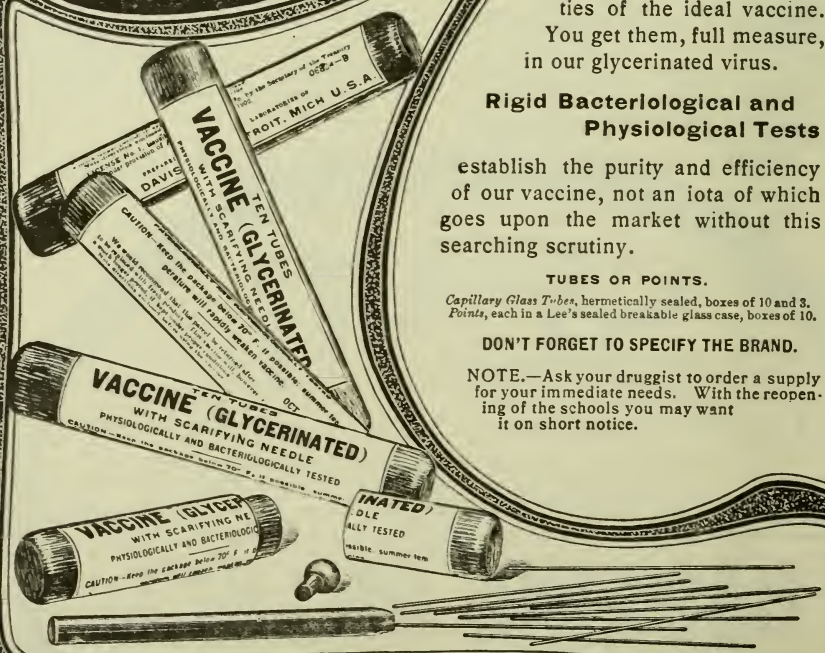
establish the purity and efficiency of our vaccine, not an iota of which goes upon the market without this searching scrutiny.

TUBES OR POINTS.

Capillary Glass Tubes, hermetically sealed, boxes of 10 and 3. *Points*, each in a Lee's sealed breakable glass case, boxes of 10.

DON'T FORGET TO SPECIFY THE BRAND.

NOTE.—Ask your druggist to order a supply for your immediate needs. With the reopening of the schools you may want it on short notice.



PARKE, DAVIS & CO.

OCTOBER 1904

INDEX ON ADVERTISING PAGE TWO

The Journal of The Kansas Medical Society

in which is incorporated

The Wichita Medical Journal

AND

The Western Medical Journal

PUBLISHED THE FIRST OF EACH MONTH AT
900 TENNESSEE ST., LAWRENCE, KANSAS

Admission to the mails as second-class matter applied for at Lawrence, Kansas

SINGLE COPIES, TWENTY-FIVE CENTS YEARLY, TWO DOLLARS

College of
Physicians and Surgeons
Medical Department of
Kansas City University,
KANSAS CITY, KANSAS.

Four year's graded course.
Unsurpassed clinical facilities. Laboratories complete. Outdoor obstetric and medical clinic first-class. Anatomical material in abundance. For catalogue address

J. E. SAWTELL, M. D., Dean,
310 Rialto Bldg.,
Kansas City, Mo.

or

E. M. HETHERINGTON, M. D.,
Secretary,
526 Altman Bldg., Kansas City, Mo.

BOSTON MEDICAL LIBRARY
OCT 8 1904

INDEX

OBITUARY: Dr. Gardiner.....452
Dr. Jacobs.....453
Dr. Murphy.....454
Dr. Jermane.....455
Dr. Lane.....456
Dr. Wright.....458
Dr. Daugherty.....459
Dr. Iliff.....460
SOCIETY NEWS:.....461
ORIGINAL: Eye Reflexes—Dr. Peare.....466
The Expectant Mother—Dr. E. T. Shelly.....470
Evolution:—Dr. Schenck.....477
Editorial:—Deadbeats.....465
Medical Standards.....484
BOOK REVIEWS:.....485

All communications should be addressed to Dr. George Howard Hoxie, 900 Tennessee St., Lawrence, Kansas, the editor and business manager. Authors desiring reprints must send in notice with the manuscript. The reprints will be furnished at cost. The advertising rate is seventy-five dollars a year for a page; forty-five dollars for a half page.

B. F. Crummer, M. D., President. D. A. Foote, Vice-President.

Physicians Casuality Association

DIRECTORS:
C. C. Allison, M. D., Omaha, Neb.
F. S. Owen, M. D., Omaha, Neb.
Rob't Gilmore, M. D., Omaha, Neb.
W. F. Milroy, M. D., Omaha, Neb.
R. W. Connell, M. D., Omaha, Neb.
D. C. Bryant, M. D., Omaha, Neb.
V. L. Treynor, M. D., Council Bluffs, Neb.
C. M. Schindel, M. D., So. Omaha, Neb.
A. R. Ray, M. D., Fairfield, Neb.

A MUTUAL ASSOCIATION of PHYSICIANS and SURGEONS TO PROVIDE ACCIDENT INSURANCE AT ACTUAL COST

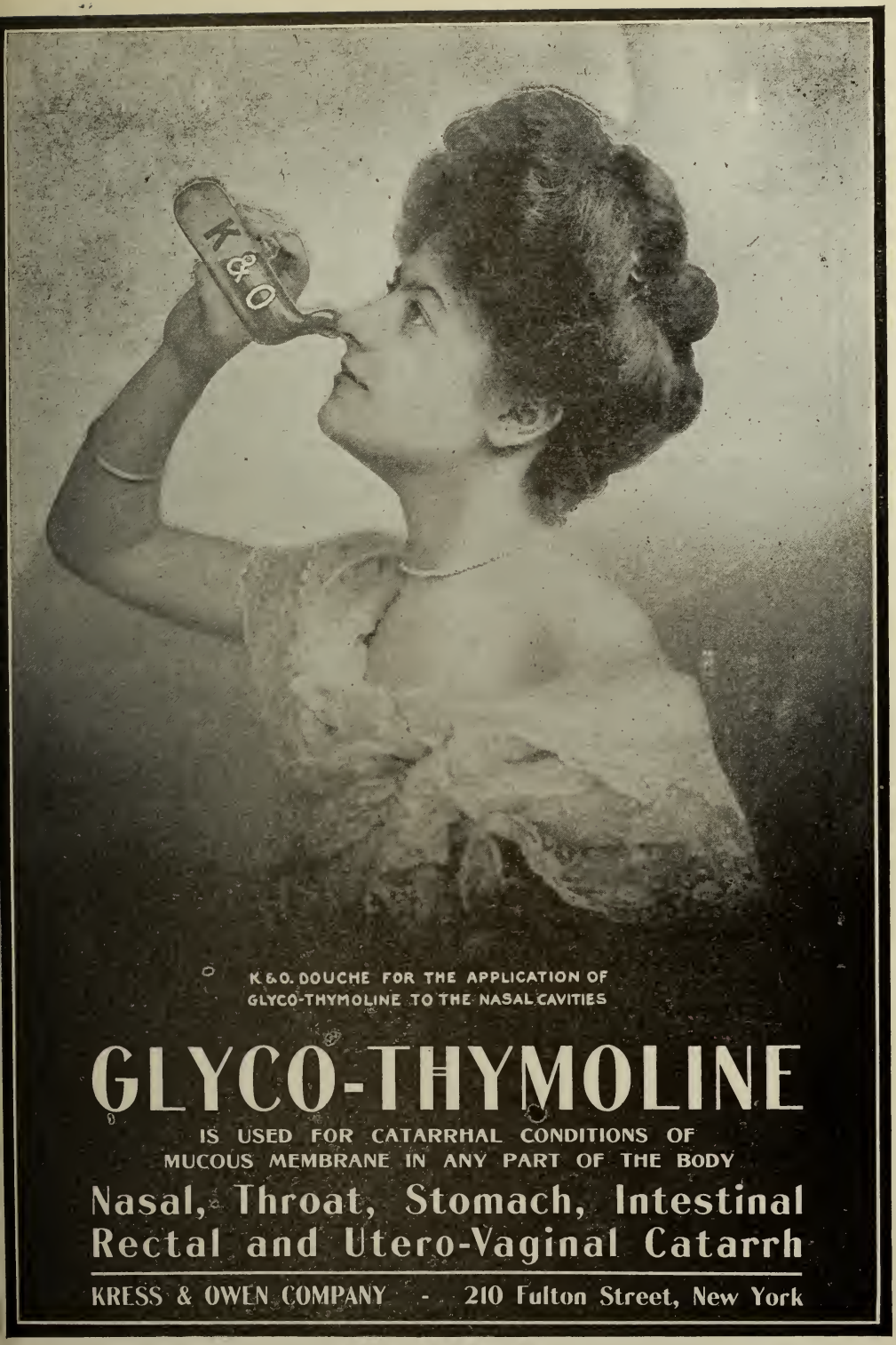
No profits to anyone. Members in 34 States and Canada.

$25.00 WEEKLY COSTS ABOUT $3.00 QUARTERLY
: : : : : : : : OF, BY AND FOR PHYSICIANS. : : : : : : : :

FOR PARTICULARS, ADDRESS

38-39 U. S. National Bank Building.

E. E. ELLIOTT, Omaha, Neb.
SECRETARY.


K&O
K.&O. DOUCHE FOR THE APPLICATION OF
GLYCO-THYMOLINE TO THE NASAL CAVITIES
GLYCO-THYMOLINE
IS USED FOR CATARRHAL CONDITIONS OF
MUCOUS MEMBRANE IN ANY PART OF THE BODY
Nasal, Throat, Stomach, Intestinal
Rectal and Utero-Vaginal Catarrh
KRESS & OWEN COMPANY - 210 Fulton Street, New York

Blood Food

To feed the body and starve the blood is like pouring water through a sieve. If the blood is thin and weak, the digestive power of the body is weak. Why feed it food that it cannot take care of?

Feed the blood with

Pepto-Mangan ("Gude")

and the whole body is strengthened and reorganized, and the digestive tract will promptly perform its normal function. The already weakened stomach is not compelled to do extra work; PEPTO-MANGAN ("GUDE") is immediately taken up by the blood and does not produce any gastric disturbance.

To assure proper filling of prescriptions, order Pepto-Mangan ("Gude") in original bottles containing ℥ xi.

IT'S NEVER SOLD IN BULK.

PEPTO-MANGAN ("GUDE") is ready for quick absorption and rapid infusion into the circulating fluid and is consequently of marked and certain value in all forms of

Anæmia, Chlorosis,
Bright's Disease,
Rachitis, Neurasthenia, etc

Samples and literature upon application.

M. J. BREITENBACH COMPANY,

LABORATORY,
LEIPZIG, GERMANY.

53 Warren Street, NEW YORK.

THE REPUTATION MAKERS.

WHEN YOU USE THE SALICYLATES PRESCRIBE TONGALINE.

RHEUMATISM
NEURALGIA
SCIATICA
LUMBAGO
GOUT
GRIPPE
ETC. ETC.

100 Tongaline TABLETS
A thorough eliminative for the various forms of RHEUMATISM AND NEURALGIA as also LA GRIPPE, NERVOUS HEADACHE, GOUT AND SCIATICA or wherever the SALICYLATES are indicated.
MELLIER DRUG COMPANY
SOLE PROPRIETORS ST. LOUIS

100 Tongaline AND LITHIA TABLETS
TONGALINE ——— 3 GRS.
LITHIUM SALICYLATE ——— 1 GR.
A most effective combination for the elimination of any excess of URIC ACID manifested by a RHEUMATIC or GOUTY DIATHESIS as also by LA GRIPPE, NEURALGIA AND SCIATICA
MELLIER DRUG COMPANY
SOLE PROPRIETORS ST. LOUIS

100 Tongaline AND QUININE TABLETS
TONGALINE ——— 3½ GRS.
QUINIA SULPH. ——— 2½ GRS.
A most effective combination for all MALARIAL CONDITIONS and especially those of a RHEUMATIC and NEURALGIC character being particularly indicated in LA GRIPPE, DENGUE, SCIATICA and LUMBAGO
MELLIER DRUG COMPANY
SOLE PROPRIETORS ST. LOUIS

SAMPLES ON APPLICATION
MELLIER DRUG COMPANY.
ST. LOUIS.

Practice Limited to Eye, Ear, Nose and Throat.

J. F. GSELL, M. D.

Office 112 E. Douglas, - Wichita, Kansas.

C. J. LIDIKAY, M. D.

Practice limited to

Eye, Ear, Nose and Throat.

Portsmouth Bldg. Kansas City, Kan.

J. C. BROWN, M. D.

Practice Limited to
EYE, EAR, NOSE AND THROAT.

140 North Main St., Wichita, Kan.

E. E. HAMILTON, M. D.

Practice Limited to
EYE, EAR, NOSE AND THROAT.

Wichita, Kansas.
128 East Douglas Ave. Bitting Block.

SAL HEPATICA.

Effervescent uric acid solvent and eliminator, stimulates liver, tones all intestinal glands, purifies alimentary tract and improves digestion, assimilation and metabolism. It is practically specific in rheumatism, gout and bilious attacks. Sal Hepatica has no equal for eliminating toxic products from intestinal tract or blood, and correcting vicious or clogged functions. Write for free sample.

BRISTOL-MYERS CO.,
Brooklyn, New York.

PAPINE IS THE PAIN-RELIEVING PRINCIPLE OF OPIUM. ONE CAN DISPENSE WITH OPIUM THE NARCOTIC; ONE CANNOT DISPENSE WITH OPIUM THE PAIN-RELIEVER. PAPINE PRODUCES NO TISSUE CHANGES, NO CEREBRAL EXCITEMENT, NO INTERFERENCE WITH DIGESTION.

Sample (12 oz.) Bottle Ecthol Sent Free on Receipt of 25 Cts. to Prepay Express.

FORMULA:--One fluid drachm is equal in anodyne power to 1-8 gr. Morphine.

BROMIDIA
ECTHOL
IODIA

BATTLE & CO., CHEMISTS CORPORATION, ST. LOUIS, MO., U. S. A.

A Chestnut has a Burr
Opium a Habit
PAIN has relief in
FIVE-GRAIN Antikamnia Tablets
WHICH DO NOT DEPRESS THE HEART
DO NOT PRODUCE HABIT
ARE ACCURATE—SAFE—SURE
MADE SOLELY BY
The Antikamnia Chemical Company
ST. LOUIS, MO. U.S.A.

SAMPLES AND LITERATURE ON APPLICATION

Five-Grain Antikamnia Tablets
Laxative Antikamnia & Quinine Tablets

| AK |

Antikamnia & Codeine Tablets
Antikamnia & Heroin Tablets

ANTIPHLOGISTINE

Has been so long and intelligently known that it is not necessary to discuss in detail its scientific action and therapeutic value.

When considering its usefulness however, we desire to have the physician bear in mind that which he has always been taught—that the essential conditions in all inflammatory processes, whether deep-seated or superficial structures, are practically identical. Then he can appreciate the fact that Antiphlogistine's field is almost limitless. It must ever be bone in mind too, that there is more or less of a retardation of the circulation in the affected part which may reach the point of stasis, in which event the cells starve to death and decompose; in other words the process terminates in suppuration. Antiphlogistine's prime object is to keep the blood circulating in an inflamed part. In pneumonia and other affections involving deep-seated organs Antiphlogistine, by stimulating the cutaneous reflexes, causes a contraction of the deep-seated and simultaneously a dilation of the superficial blood vessels, and this, combined with its hygroscopic properties acting directly, draws the blood to the surface—bleeds but saves the blood.

The potent hygroscopic property of Antiphlogistine, upon which so much depends, should always be carefully preserved by not needlessly exposing it to the moisture of the atmosphere or to water. It should always be heated IN THE CAN, spread upon the skin quickly and covered promptly with a liberal supply of absorbent cotton.

The fact that Antiphlogistine is in the twelfth year of its existence and in daily use throughout the civilized world speaks volumes in its praise. We trust the above may prove interesting to those familiar with Antiphlogistine and may cause some of the tardy ones to investigate the claims in the only satisfactory way—by experimenting and verifying.

SUGGESTIONS:

PNEUMONIA	ADENITIS	SYNOVITIS	FELONS
PLEURISY	ERYSIPELAS	CELLULITIS	SPRAINS
BRONCHITIS	PERIOSTITIS	CONTUSIONS	ULCERS

To insure economy and the best results always order a full package and specify the size required—Small, Medium, Large or Hospital Size.

THE DENVER CHEMICAL MFG. CO.
NEW YORK.

Dr. Burnett's Private Home

For Nervous Diseases and Selected Inebriates

The Home is built with up-to-date facilities for the scientific treatment of

Nervous Diseases and Drug Cases,

and open to inspection by the Profession. No assumed pretensions are made to deceive patrons or the public.

It is located in a quiet but nice part of the city where the fastidious may avoid publicity.

Therapeutical agents are WATER, ELECTRICITY, ELECTRIC LIGHT BATHS, FOOD, DRUGS, MASSAGE and the REST CURE.

The Electric Light, Bath and Water are on each floor. The Electric Operating Room contains Electrolytic, Diagnostic and Therapeutic Galvanic Currents, and the Electric Vibrator for Massage; also one of the largest and most complete and up-to-date Static Machines ever brought west, which was made to order by Van Houten & Ten Broeck of N. Y.

S. GROVER BURNETT, A. M., M. D., Supt. and Prop.,
Formerly Ass't Supt. L. I. Home, (of New York.) for Mental and Nervous Diseases and Inebriates.

REFERENCES BY PERMISSION:

T. D. CROTHERS, M. D., Supt. Walnut Lodge Hospital for Opium and Alcoholic Inebriates, Hartford, Conn.
GRAEME H. HAMMOND, M. D., Prof. Mental and Nervous Diseases, N. Y. Post-Graduate Medical College.
WILLIAM J. MORTON, Prof. Electro-Therapeutics and Mental and Nervous Diseases, N. Y. Post-Graduate Medical College.
FREDERICK PETERSON, M. D., Chief Vanderbilt Clinic. Neurological Depart. College Physicians and Surgeons, N. Y. City.
WILLIAM L. LESZYNSKY, M. D., Neurologist to Demit Dispensary, New York City.

Address Rialto Building, 9th St. and Grand Ave., Kansas City, Mo., or S. W. Cor. 31st and Euclid Ave.

PROGRESS IN MEDICINE

There must be changes or medical science will stand still. Old things must give way to new—old ideas must be modified. Cod liver oil was first used just as it came from the fish, of dark color and strong odor. Later the oil was refined. After a time the oil was emulsified, which rendered it more palatable. That was a step in advance. At a more recent date came

FORMULA ON EVERY BOTTLE

NEVER SOLD IN BULK

Hagee's Cordial of Cod Liver Oil Comp.

containing **all** the active principles of the best cod liver oil with hypophosphites lime and soda in the form of a thin fluid **Cordial**—perfectly palatable, free from grease and fishy flavor.

Prescribe

CORD. OL. MORRHUAE COMP. (Hagee)

and your patients will take it

Katharmon Chemical Co. St. Louis, Mo.

Grandview Sanitarium

Is a pleasant home and a high grade Sanitarium for the cure and treatment of Mental and Nervous Diseases, the Drug Habit and Inebriety.

Situated opposite New City Park, ½ mile west of terminus of Grandview Car Line.

It is a handsomely constructed three-story brick building of modern design, commodious in all its departments, well lighted, heated, ventilated, and fully equipped with all modern appliances for the care and treatment of such cases. An abundant supply of spring water. Liberal and home-like cuisine. Special nurse to each case.

Correspondence solicited concerning the treatment of mental disorders, Management STRICTLY ETHICAL. Address,

GEO. M. GRAY, M. D., Surgeon. *S. S. GLASSCOCK, M. D., Medical Director.*
H. O. HANAWALT, M. D., Consultant. *F. M. TRACY, M. D., General Manager.*
Telephone, 832 Hickory. *Office, 534 Minnesota Avenue.*

ONE LARGE GLOBULE

of even the most digestible fat may be made still more digestible by subdividing it into a number of smaller globules. That's why emulsification facilitates the digestion of fats.

Most emulsions are inefficient, however, because the gastric juice digests the substance which keeps the globules apart and they coalesce in the stomach.

The globules in Hydroleine are suspended in a menstruum, the nature of which guarantees their safe passage through the stomach. That's one of the principal reasons why Hydroleine has maintained its reputation as the most digestible form of the most digestible of all fats—pure Lofoten Cod-Liver Oil. Sold by druggists generally. Write for literature.

THE CHARLES N. CRITTENTON CO., Sole Agents,
115-117 FULTON STREET, NEW YORK

IN THE TREATMENT OF

ANÆMIA, NEURASTHENIA, BRONCHITIS, INFLUENZA, PULMONARY TUBERCULOSIS, AND WASTING DISEASES OF CHILDHOOD, AND DURING CONVALESCENCE FROM EXHAUSTING DISEASES,

THE PHYSICIAN OF MANY YEARS' EXPERIENCE

KNOWS THAT, TO OBTAIN IMMEDIATE RESULTS, THERE IS NO REMEDY THAT POSSESSES THE POWER TO ALTER DISORDERED FUNCTIONS, LIKE

"Fellows' Syrup of Hypophosphites"

MANY A TEXT-BOOK ON RESPIRATORY DISEASES SPECIFICALLY MENTIONS THIS PREPARATION AS BEING OF STERLING WORTH.

TRY IT, AND PROVE THESE FACTS.

SPECIAL NOTE.—Fellows' Syrup is never sold in bulk, but is dispensed in bottles containing 1·5 oz.

MEDICAL LETTERS MAY BE ADDRESSED TO

MR. FELLOWS, 26 CHRISTOPHER STREET, NEW YORK.

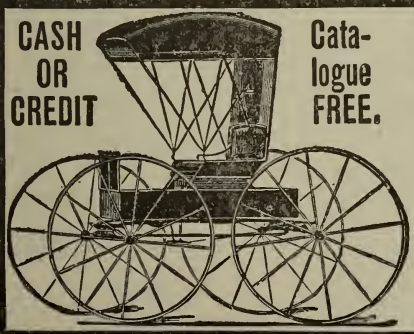
WITH OUR ADVERTISERS.

For Sale.—A static machine with crank or motor as desired. Wimshurst pattern. A Kinraide Coil, for direct current. Both of the above are in good working condition. Reason for selling—I am putting in larger apparatus. W. S. LINDSAY, Topeka, Kansas.

Hagee's Cordial of Cod Liver Oil Compound is one of the most popular cod liver oil preparations on the market. All the nutritive properties of the oil are retained and the disgusting and nauseating elements are eliminated. Combined with hypophosphites of lime and soda, it offers to the profession a reconstructive of great value. —*St. Louis Medical Review.*

Wanted—By a graduate of Rush 1899, a salaried position with a busy practitioner, preferably a surgeon, in a hospital, or in a mining camp with plenty of surgery. Have had four years course in medicine, considerable laboratory experience, five years active general practice and will take post-graduate course. Thirty years old, married, and can give excellent references. Address, CHLORETONE, care of JOURNAL KANSAS MEDICAL SOCIETY, Lawrence, Kansas.

"Mrs. R. P., had been under the care of a prominent physician who confined his treatment to hot vaginal douches of a one to two thousand solution of Bichloride of Mercury. These douches produced a great deal of pain and did not appear to benefit the case materially. When the patient came to me I found the cervix much congested and the vaginal mucous membrane eroded to a considerable extent. Decided to try douches of a weak solution of Glyco-Thymoline to be taken as hot as possible. Comfort and improvement were noted from the first douche and in a few weeks the woman was well." DR. W. B. KEENE, Philadelphia, Pa.



CASH OR CREDIT

Catalogue FREE.

ONLY $10.00

Cash, balance $5.00 a month, buys this 3-year guaranteed Buggy—$37.50 on time payments or $33.50 cash. We trust honest people located in all parts of the World.

Write for free catalogue of Buggies, Surreys, Phaetons, Spring and Farm Wagons.

CENTURY MANUFACTURING CO.

Dept. 2142 EAST ST. LOUIS, ILL.

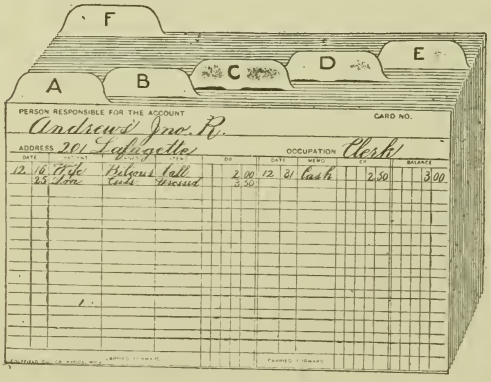
THE

"COUFFIELD"

GRAND RAPIDS, MICH., U.S.A.

Card System FOR Physicians

We have devised a Card System for physicians for recording all the information in connection with each case, and also keeping a record of the account of each patient. It is the most *practical* and *convenient* arrangement known, and one that is very popular with the medical profession.



$1.90 Cash with order, *express prepaid*, buys this **complete** outfit, consisting of

ONE DESK DRAWER CASE, made of solid quarter-sawed white oak, finished golden, rubbed and highly polished, equipped with an adjustable follower block for keeping contents in an upright position, nine inches long for 3 x 5 inch cards, with felt feet to protect desk.

200 RECORD CARDS, highest quality linen bristol, white, pen ruled in colors, and printed.

TWO SETS OF 20-DIVISION ALPHABETICAL GUIDES, two colors, one for indexing "Open Accounts" and one for "Closed Accounts."

It is worth, at retail, $3.50. We offer it at this very low price *simply to advertise* our labor-saving systems for physicians' use. Mention this ad and publication.

H. L. COUFFIELD CO.

DEVISERS OF SYSTEMS FOR PHYSICIANS.

232 O ST., GRAND RAPIDS, MICH.

Practice Limited to Diseases of Eye, Ear, Nose and Throat.

DR. J. W. MAY,

Telephone 243 West.

501-502 Husted Bldg. Kansas City, Kan.

Tel. West 98. Office Hours 1 to 4 p. m.

R. A. ROBERTS, M. D.

Rectal and Genito-Urinary Diseases.

502-3 Husted Bldg, Kansas City, Kan.

HERMAN E. PEARSE, M. D

SURGEON.

322 Rialto Bldg. Kansas City, Mo

P. D. HUGHES, M. D.

SURGEON.

KANSAS CITY, - KANSAS.

Ind. Tel. 825. Office Hours 2 to 5.

DR. WILLIAM E. M'VEY

Practice Limited to

CHEST, THROAT AND NOSE

625 Kansas Ave. Topeka, Kansas.

J. M. POINDEXTER, M. D.

SURGEON.

RECTAL DISEASES A SPECIALTY

534 Altman Bldg. Kansas City, Mo.

William F. Bernart, M. D.,

HOT SPRINGS, - - ARKANSAS

SPECIAL INTRODUCTORY OFFER. TWO DOLLARS FOR ONE.

4 Successful Specialties for $1.00

CLIP AND MAIL COUPON WITH $1.00. DO IT TODAY.

The following specialties are the result of years of research in exact therapeutics. They are widely and successfully used by thousands of doctors who are striving for an accurate and dependable pharmacy.

While we have developed a general line of single, active-principle medicaments, certain great phases of the subject of exact medication have crystalized themselves into definite specialties which, as leaders, we present for the consideration of every practician, knowing that he will find them right.

Calcidin

(Iodized Calcium.)

This incomparable preparation of lime and iodine, as "iodized calcium," or erroneously, "iodide of lime," has been before the profession for some years, and its friends are legion.

Indications: Croup and all non-specific exudative affections, La Grippe, bronchitis, phthisis, glandular affections, etc. It is simply a marvel.

Per single package.....$ .50
Per dozen..... 5.00

Calcalith—for Uricacidemia

(Calcium Carbonate Comp.)

This is a uric-acid remedy that may be depended upon It really does things, as any man can prove for himself. It is based on the carbonates of lime and lithium with colchicine.

The enconiums coming from the profession are very positive and encouraging.

Indication: All manifestations of the uric-acid diathesis, phosphaturias, etc.

Per single package.....$ .80
Per dozen..... 9.00

Saline Laxative and Salithia

(Efferv. Magnesium Sulphate Comp.)

These two preparations are C. P. Magnesium Sulphate in effervescent combination; the latter differing by reason of the addition of colchicine and lithium and carrying less magnesium sulphate. As eliminants they are unexcelled, the one as a general laxative, the other where the secreting glands require stimulation.

Saline Laxative, per package.....$ 35
Per dozen..... 4 00
Salithia, per package..... .55
Per dozen..... 6 00

Intestinal Antiseptic W-A

(Sulphocarbolates Comp.)

The great importance of Intestinal Antisepsis is becoming daily more obvious to the medical mind, and it is generally conceded by those who, through experience are competent to judge, that, as an intestinal antiseptic our Compound Sulphocarbolates—Intestinal Antiseptic (W-A), stand without a peer. They are absolutely non-poisonous, positively efficient and low in price. Standard tablets: 100, 35c; 500, $1.40; $1,000, $2.75.

These and others of our Specialties, as well as representatives of our general line of active principles ready for the doctor, are in stock with all leading jobbers and most principal retailers, or may be obtained direct from our laboratories. Samples, list and literature will be sent upon request.

JOURNAL OF THE KANSAS MEDICAL SOCIETY COUPON

CLIP and MAIL THIS COUPON with ONE DOLLAR and we will send you once only, a full-size package of each of the 4 specialties, post-paid — your money back if not satisfied; and if you are not on our customer list, and so request, we will send you general samples and literature as well.

The Abbott Alkaloidal Co.

The Abbott Alkaloidal Company

Manufacturing Chemists

RAVENSWOOD STATION, CHICAGO

50 West Broadway — New York

9-11 Phelan Bldg. — San Francisco

The Best Route East and West

IS THE

Three Trains Daily Between Wichita Kansas City and St. Louis

Missouri Pacific Railway

Two Trains Daily for Hot Springs, Ark. Low Rates all the year round

The Colorado Short Line is the Missouri Pacific Ry. Low excursion rates to the resorts and principal cities of Colorado and the West during the summer season.

Elegant Buffet Cafe and Dining Cars on Colorado trains and on day trains between Kansas City and St. Louis.

SEE OUR NEAREST TICKET AGENT, OR WRITE

E. E. BLECKLEY, T. P. A., WICHITA, KANS.

I. R. SHERWIN, P. & T. A., Cor. Douglas & Wichita Sts. WICHITA, KANS.

CUSHING HOSPITAL.

6th Ave. and Marshall St.

LEAVENWORTH, KANSAS.

One block from Street Railway.

AMBULANCE SERVICE.

A Fully equipped general hospital, with complete facilities for surgical, medical and obstetric cases

Separate building for contagious diseases.

First-class training school for nurses.

Patients may employ any physician they prefer.

Address,

MISS CARRIE L. TANQUARY,

Superintendent.

EVERGREEN PLACE HOSPITAL.

INCORPORATED.

LEAVENWORTH, KANSAS.

Hospital and Home for Nervous Invalids.

Heated by steam. Lighted by Electricity. Hot and Cold water on each floor. Electric Massage by thoroughly trained attendants. Milk and Vegetables furnished by their own dairy and gardens. Fruits in season. All Patients thoroughly classified. Four Parlors. Four Diningrooms. Thirty elegant Single Rooms. Seven Dormitories. Capacity 100. All medicines and medical attention furnished without extra cost. Management strictly professional. Electric car line to front entrance to grounds. Patients met at Railway Stations if desired. Liquor and Drug habit treated. Lying-in Cases cared for.

TERMS:—From $10 to $25 a week, in advance.

For further information address

C. C. GODDARD, M. D.,

Leavenworth, Kansas.

Training School for nurses. Course two years. Class limited to six. Students receive five dollars the first and eight dollars per month the second year. One month's probation required.

C. J. McGHEE, M. D., Secretary,

Leavenworth, Kansas.

THE FAMILY LAXATIVE

☞ The ideal safe family laxative, known as Syrup of Figs is a product of the California Fig Syrup Co., and derives its laxative principles from senna, made pleasant to the taste and more acceptable to the stomach, by being combined with pleasant aromatic syrups and the juice of figs. It is recommended by many of the most eminent physicians, and used by millions of families with entire satisfaction. It has gained its great reputation with the medical profession by reason of the acknowledged skill and care exercised by the California Fig Syrup Co. in securing the laxative principles of the senna by an original method of its own, and presenting them in the best and most convenient form. The California Fig Syrup Co. has special facilities for commanding the choicest qualities of Alexandria senna, and its chemists devote their entire attention to the manufacture of the one product. The name—Syrup of Figs—means to the medical profession "the family laxative, manufactured by the California Fig Syrup Co.," and the name of the Company is a guarantee of the excellence of its product. Informed of the above facts, the careful physician will know how to prevent the dispensing of worthless imitations when he recommends or prescribes the original and genuine Syrup of Figs. It is well known to physicians that Syrup of Figs is a **simple, safe** and **reliable** laxative, which does not irritate or debilitate the organs on which it acts, and being pleasant to the taste, it is especially adapted to ladies and children, although generally applicable in all cases. Special investigation of the profession invited.

Syrup of Figs is never sold in bulk. It retails at fifty cents per bottle, and the name, Syrup of Figs, as well as the name of the California Fig Syrup Co. is printed on the wrappers and labels of every bottle.

CALIFORNIA FIG SYRUP CO.,

San Francisco, Cal.

Louisville, Ky, ⌀ ⌀ ⌀ New York, N. Y.

Kansas Medical College.

Medical Department of Washburn College.

NORMAN PLASS, PRESIDENT.
H. L. ALKIRE, M. D., DEAN.
R. S. MAGEE, M. D., SECRETARY.

New Term Begins Wednesday, September 14, 1904.

Course of Medical Study graded through four sessions of seven months in each year Laboratory facilities modern and complete. Excellent clinical instruction. The teaching facilities and hospital advantages are unsurpassed.

University of Kansas

School of Medicine

New Term Begins on Wednesday, September 7, 1904.

NINE MONTHS ANNUAL COURSE.

Highest grade of laboratory work provided for the first two years of a medical course. This taken after two years of work in the College of Liberal Arts will enable the student to enter the junior year of the best medical schools and thus in six years secure both the A. B and M. D. degrees. For announcements, address:

CHANCELLOR FRANK STRONG,

LAWRENCE, KANSAS.

CREIGHTON MEDICAL COLLEGE,

Cor. 14th & Davenport Sts., Omaha, Neb.

The eleventh annual course of study in this institution will begin Wednesday, Sept. 21, 1904. The course in this college consists of four terms of seven and one-half months each. The first two years are devoted to the study of the so-called scientific branches included in a medical course. For this purpose, the new college building is furnished with lecture rooms and laboratories equipped with the latest and best paraphernalia for teaching, demonstrating and for individual work in these branches. The third and fourth years are given up to the study of what might be termed the practical part of the medical course. Here, the instruction is carried on by means of Clinics and Clinical lectures. The student is brought in contact and becomes familiar with the different phases of all the diseases he reads about. For this purpose the clinical material in St. Joseph and St. Bernard hospitals, the two largest hospitals in the west, is reserved for the exclusive benefit of students attending this school.

All buildings, both college and hospitals, are new and modern and the equipment the best that money can buy. In addition to the regular term of seven and one-half months, a spring course of two months in first and second year work will be continued from close of winter term to last of June. For further information address

D. C. BRYANT, M. D., Sec. Creighton Medical College,
No. 203 McCague Building, Omaha, Nebraska.

J. S. WEVER, M. D.,

EYE—EAR—NOSE—THROAT

404 Bryant Building, :: :: :: KANSAS CITY, MO.

INDEPENDENT AND BELL LONG DISTANCE PHONES NO. 411.

J. C. McCLINTOCK,

SURGEON.

1313 Filmore Street . . . . . TOPEKA, KANSAS.

J. N. SCOTT, M. D.

Practice limited to
X-RAY— AND ELECTRO-THERAPEUTICS. SPECIAL ATTENTION GIVEN TO THE TREATMENT OF MALIGNANT GROWTHS. PESUDO-LEUKEMIA LUPUS, ETC., BY THE X-RAY AND ULTRA-VIOLET LIGHT.

TELEPHONE 2030 MAIN. 212-14-15-16 RIDGE BLDG. KANSAS CITY, MO.

DOSE
One to three teaspoonfuls, according to the amount of Bromides required

THE BEST RESULTS
Are assured in Bromide treatment when you specify

FORMULA
Each fluid drachm represents 15 grains of the combined C. P. Bromides of Potassium, Sodium, Calcium, Ammonium and Lithium

PEACOCK'S BROMIDES

AND THE GENUINE IS DISPENSED

Half-pound bottles only

For Physicians' Prescriptions

Neurologists and General Practitioners prefer it because of its superior qualities over the commercial salts.

For clinical trial we will send full size bottle of either or both preparations to any physician who will pay exp. charges

Hepatic Stimulation **Without Catharsis**

CHIONIA

DOSE
One to two teaspoonfuls three times a day

Re-establishes portal circulation without producing congestion
Invaluable in all ailments due to hepatic torpor

PEACOCK CHEMICAL CO., ST. LOUIS, MO., U. S. A.

FORMULA
Prepared from Chionanthus Virginica, from which the inert and nauseating features of the drug have been eliminated

SENG

A Palatable Preparation of PANAX SCHINSENG in an Aromatic Essence

It promotes Normal Digestion by encouraging the flow of Digestive Fluids
It is the Modern and Most Successful Treatment for

INDIGESTION

A full size bottle, for trial, to physicians who will pay express charges

DOSE: One to two teaspoonfuls three times a day

CACTINA PILLETS

Has Many Advantages Over Other Heart Stimulants

IT HAS NO CUMULATIVE ACTION, AND IS ABSOLUTELY SAFE AND RELIABLE

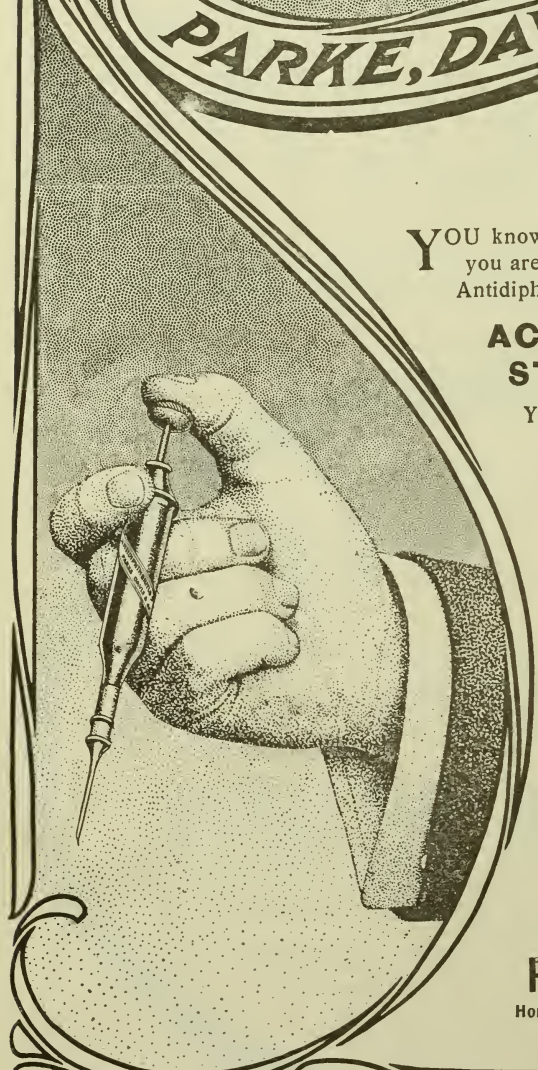
Each pillet represents one one-hundredth of a grain CACTINA, the active proximate principle of CEREUS GRANDIFLORA

DOSE: One to four pillets three times a day
Samples mailed to physicians only

SULTAN DRUG COMPANY
St. Louis, Mo.

Antidiphtheritic Serum

PARKE, DAVIS & CO.



YOU know precisely how much antitoxin you are giving when you administer our Antidiphtheritic Serum, which is

ACCURATELY STANDARDIZED.

You are not dependent upon a preparation of unknown strength. You are not forced to experiment. You know what results to expect.

OUR

PISTON-SYRINGE CONTAINER

is the most practical "ready-to-use" serum syringe ever devised. It has the merit of strict asepsis. It is prepared in half a minute. Its operation is simple and easy.

USE OUR ANTITOXIN AND ELIMINATE GUESSWORK.

Supplied in bulbs of 500, 1000, 2000, 3000 and 4000 units.

PARKE, DAVIS & CO.

Home Offices and Laboratories, Detroit, Mich.

NOVEMBER 1904

INDEX ON ADVERTISING PAGE TWO

BOSTON MEDICAL LIBRARY
NOV 7 1904

The Journal of

The Kansas Medical Society

in which is incorporated

The Wichita Medical Journal

AND

The Western Medical Journal

PUBLISHED THE FIRST OF EACH MONTH AT
900 TENNESSEE ST., LAWRENCE, KANSAS

Admission to the mails as second-class matter applied for at Lawrence, Kansas

SINGLE COPIES, TWENTY-FIVE CENTS YEARLY, TWO DOLLARS

College of
Physicians and Surgeons
Medical Department of
Kansas City University,
KANSAS CITY, KANSAS.

Four year's graded course.
Unsurpassed clinical facilities. Laboratories complete. Outdoor obstetric and medical clinic first-class. Anatomical material in abundance. For catalogue address

J. E. SAWTELL, M. D., Dean,
310 Rialto Bldg.,
Kansas City, Mo.

or

E. M. HETHERINGTON, M. D.,
Secretary,
526 Altman Bldg., Kansas City, Mo.

THE POWER OF THE BLOOD

is lost if the quality of the blood is poor. Build up the quality of the blood by increasing the amount of Hæmoglobin and the number of red corpuscles, and like the force of Niagara, the power of the blood to build new tissue and repair waste will be tremendous.

Pepto Mangan ("Gude")

improves the quality of the blood rapidly and surely. Results are positive and can be proven by scientific tests.

PEPTO-MANGAN ("GUDE") is ready for quick absorption and rapid infusion into the circulating fluid and is consequently of marked and certain value in all forms of

Anæmia, Chlorosis, Bright's Disease, Rachitis, Neurasthenia, &c.

To assure proper filling of prescriptions, order Pepto-Mangan ("Gude") in original bottles containing ℥ xi.

It's never sold in bulk.

Samples and literature upon application.

M. J. BREITENBACH COMPANY,

LABORATORY, LEIPZIG, GERMANY.

53 Warren Street, NEW YORK.

ALL THE SALICYLIC ACID IN TONGALINE IS MADE FROM THE PUREST NATURAL OIL OF WINTERGREEN

Tongaline

POSSESSES

THE ANTISPASMODIC AND SEDATIVE ACTION OF CIMICIFUGA

THE CATHARTIC AND DIURETIC ACTION OF COLCHICINE

THE DIAPHORETIC ACTION OF PILOCARPINE

THE ANTI-RHEUMATIC AND ANTISEPTIC ACTION OF SALICYLIC ACID

RHEUMATISM
NEURALGIA
GRIPPE
GOUT
SCIATICA
LUMBAGO

TONGALINE LIQUID
TONGALINE TABLETS
TONGALINE & LITHIA TABLETS
TONGALINE & QUININE TABLETS

(WRITE FOR SAMPLES)

MELLIER DRUG COMPANY, ST. LOUIS.

Practice Limited to Eye, Ear, Nose and Throat.

J. F. GSELL, M. D.

Office 112 E. Douglas. - Wichita, Kansas.

C. J. LIDIKAY, M. D.

Practice limited to

Eye, Ear, Nose and Throat.

Portsmouth Bldg. Kansas City, Kan.

J. C. BROWN, M. D.

Practice Limited to
EYE, EAR, NOSE AND THROAT.

140 North Main St., Wichita, Kan,

E. E. HAMILTON, M. D,

Practice Limited to
EYE, EAR, NOSE AND THROAT.

Wichita, Kansas.
128 East Douglas Ave. Bitting Block.

SAL HEPATICA.

Effervescent uric acid solvent and eliminator, stimulates liver, tones all intestinal glands, purifies alimentary tract and improves digestion, assimilation and metabolism. It is practically specific in rheumatism, gout and bilious attacks. Sal Hepatica has no equal for eliminating toxic products from intestinal tract or blood, and correcting vicious or clogged functions. Write for free sample.

BRISTOL-MYERS CO.,
Brooklyn, New York.

PAPINE IS THE PAIN-RELIEVING PRINCIPLE OF OPIUM. ONE CAN DISPENSE WITH OPIUM THE NARCOTIC; ONE CANNOT DISPENSE WITH OPIUM THE PAIN-RELIEVER. PAPINE PRODUCES NO TISSUE CHANGES, NO CEREBRAL EXCITEMENT, NO INTERFERENCE WITH DIGESTION.

Sample (12 oz.) Bottle Ecthol Sent Free on Receipt of 25 Cts. to Prepay Express.

FORMULA:--One fluid drachm is equal in anodyne power to 1-8 gr. Morphine.

BROMIDIA
ECTHOL
IODIA

BATTLE & CO., CHEMISTS CORPORATION, ST. LOUIS, MO., U. S. A.

A Chestnut has a Burr
Opium a Habit
PAIN has relief in
FIVE-GRAIN Antikamnia Tablets
WHICH DO NOT DEPRESS THE HEART
DO NOT PRODUCE HABIT
ARE ACCURATE—SAFE—SURE
MADE SOLELY BY
The Antikamnia Chemical Company
ST. LOUIS, MO. U.S.A.

SAMPLES AND LITERATURE ON APPLICATION

Five-Grain Antikamnia Tablets
Laxative Antikamnia & Quinine Tablets

| AK |

Antikamnia & Codeine Tablets
Antikamnia & Heroin Tablets

ANTIPHLOGISTINE

Has been so long and intelligently known that it is not necessary to discuss in detail its scientific action and therapeutic value.

When considering its usefulness however, we desire to have the physician bear in mind that which he has always been taught—that the essential conditions in all inflammatory processes, whether deep-seated or superficial structures, are practically identical. Then he can appreciate the fact that Antiphlogistine's field is almost limitless. It must ever be bone in mind too, that there is more or less of a retardation of the circulation in the affected part which may reach the point of stasis, in which event the cells starve to death and decompose; in other words the process terminates in suppuration. Antiphlogistine's prime object is to keep the blood circulating in an inflamed part. In pneumonia and other affections involving deep-seated organs Antiphlogistine, by stimulating the cutaneous reflexes, causes a contraction of the deep-seated and simultaneously a dilation of the superficial blood vessels, and this, combined with its hygroscopic properties acting directly, draws the blood to the surface—bleeds but saves the blood.

The potent hygroscopic property of Antiphlogistine, upon which so much depends, should always be carefully preserved by not needlessly exposing it to the moisture of the atmosphere or to water. It should always be heated IN THE CAN, spread upon the skin quickly and covered promptly with a liberal supply of absorbent cotton.

The fact that Antiphlogistine is in the twelfth year of its existence and in daily use throughout the civilized world speaks volumes in its praise. We trust the above may prove interesting to those familiar with Antiphlogistine and may cause some of the tardy ones to investigate the claims in the only satisfactory way—by experimenting and verifying.

SUGGESTIONS:

PNEUMONIA	ADENITIS	SYNOVITIS	FELONS
PLEURISY	ERYSIPELAS	CELLULITIS	SPRAINS
BRONCHITIS	PERIOSTITIS	CONTUSIONS	ULCERS

To insure economy and the best results always order a full pa-kage and specify the size required—Small, Medium, Large or Hospital Size.

THE DENVER CHEMICAL MFG. CO.
NEW YORK.

Dr. Burnett's Private Home

For Nervous Diseases and Selected Inebriates

The Home is built with up-to-date facilities for the scientific treatment of

Nervous Diseases and Drug Cases,

and open to inspection by the Profession No assumed pretensions are made to deceive patrons or the public.

It is located in a quiet but nice part of the city where the fastidious may avoid publicity.

Therapeutical agents are WATER, ELECTRICITY, ELECTRIC LIGHT BATHS, FOOD, DRUGS, MASSAGE and the REST CURE.

The Electric Light, Bath and Water are on each floor. The Electric Operating Room contains Electrolytic, Diagnostic and Therapeutic Galvanic Currents, and the Electric Vibrator for Massage; also one of the largest and most complete and up-to-date Static Machines ever brought west, which was made to order by Van Houten & Ten Broeck of N. Y.

S. GROVER BURNETT, A. M., M. D., Supt. and Prop.,
Formerly Ass't Supt. L. I. Home, (of New York.) for Mental and Nervous Diseases and Inebriates.

REFERENCES BY PERMISSION:

T. D. CROTHERS, M. D., Supt. Walnut Lodge Hospital for Opium and Alcoholic Inebriates, Hartford, Conn.
GRAEME H. HAMMOND, M. D., Prof. Mental and Nervous Diseases, N. Y. Post-Graduate Medical College.
WILLIAM J. MORTON, Prof. Electro-Therapeutics and Mental and Nervous Diseases, N. Y. Post-Graduate Medical College.
FREDERICK PETERSON, M. D., Chief Vanderbilt Clinic. Neurological Depart. College Physicians and Surgeons, N. Y. City.
WILLIAM L. LESZYNSKY, M. D., Neurologist to Demit Dispensary, New York City.

Address Rialto Building, 9th St. and Grand Ave., Kansas City, Mo., or S. W. Cor. 31st and Euclid Ave.

PROGRESS IN MEDICINE

There must be changes or medical science will stand still. Old things must give way to new—old ideas must be modified. Cod liver oil was first used just as it came from the fish, of dark color and strong odor. Later the oil was refined. After a time the oil was emulsified, which rendered it more palatable. That was a step in advance. At a more recent date came

FORMULA ON EVERY BOTTLE

NEVER SOLD IN BULK

Hagee's Cordial of Cod Liver Oil Comp.

containing **all** the active principles of the best cod liver oil with hypophosphites lime and soda in the form of a thin fluid **Cordial**—perfectly palatable, free from grease and fishy flavor.

Prescribe

CORD. OL. MORRHUAE COMP. (Hagee)

and your patients will take it

Katharmon Chemical Co. St. Louis, Mo.

Grandview Sanitarium

Is a pleasant home and a high grade Sanitarium for the cure and treatment of Mental and Nervous Diseases, the Drug Habit and Inebriety.

Situated opposite New City Park, ½ mile west of terminus of Grandview Car Line.

It is a handsomely constructed three-story brick building of modern design, commodious in all its departments, well lighted, heated, ventilated, and fully equipped with all modern appliances for the care and treatment of such cases. An abundant supply of spring water. Liberal and home-like cuisine. Special nurse to each case.

Correspondence solicited concerning the treatment of mental disorders, Management STRICTLY ETHICAL. Address,

GEO. M. GRAY, M. D., Surgeon. *S. S. GLASSCOCK, M. D., Medical Director.*
H. O. HANAWALT, M. D., Consultant. *F. M. TRACY, M. D., General Manager.*
Telephone, 832 Hickory. *Office, 534 Minnesota Avenue.*

When Prescribing Emulsions

These points are worth remembering:—

The edible, vegetable oils are not so easily digested or oxidized as animal oils.

The fat-like products of petroleum, though readily emulsified, cannot be digested; they have no food value.

Combinations of two or more fats of unequal digestibility are contraindicated when digestion is weak; the most digestible fat should be given alone. Emulsions of mixed fats are permissible only when the patient can digest any fat.

The most digestible fat is pure Lofoten Cod-Liver Oil; its so-called extracts and active principles are decomposition products and are never found in the pure oil. They are therapeutically valueless.

Hydroleine is the most digestible form of cod-liver oil because it is prepared by Nature's method of emulsifying fat (Pancreatization). Sold by all druggists. Write for literature.

THE CHARLES N. CRITTENTON CO.
Sole Agents,
115-117 FULTON STREET, NEW YORK

IN THE TREATMENT OF

ANÆMIA, NEURASTHENIA, BRONCHITIS, INFLUENZA, PULMONARY TUBERCULOSIS, AND WASTING DISEASES OF CHILDHOOD, AND DURING CONVALESCENCE FROM EXHAUSTING DISEASES,

THE PHYSICIAN OF MANY YEARS' EXPERIENCE

KNOWS THAT, TO OBTAIN IMMEDIATE RESULTS, THERE IS NO REMEDY THAT POSSESSES THE POWER TO ALTER DISORDERED FUNCTIONS, LIKE

"Fellows' Syrup of Hypophosphites"

MANY A TEXT-BOOK ON RESPIRATORY DISEASES SPECIFICALLY MENTIONS THIS PREPARATION AS BEING OF STERLING WORTH.

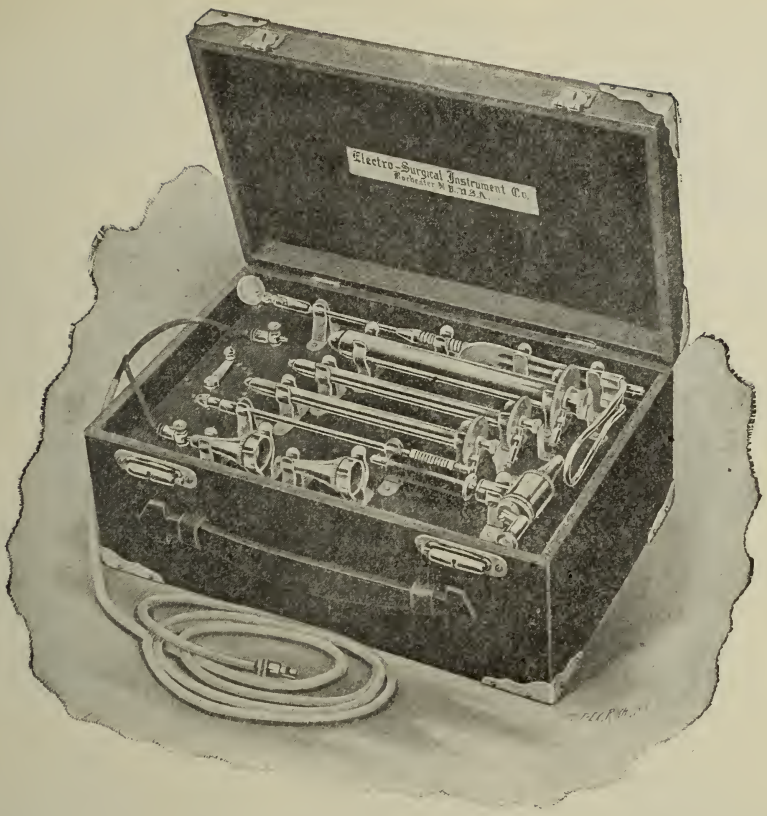
TRY IT, AND PROVE THESE FACTS.

SPECIAL NOTE.—Fellows' Syrup is never sold in bulk, but is dispensed in bottles containing 15 oz.

MEDICAL LETTERS MAY BE ADDRESSED TO

MR. FELLOWS, 26 CHRISTOPHER STREET, NEW YORK.

WITH OUR ADVERTISERS.



This cut illustrates our General Diagnostic outfit, consisting of Case & Battery, Auriscope and Nasoscope combined, Laryngoscope, Tongue Depressor, General Diagnostic Instrument, E. S. I. Co.'s Rectal Tube, Koch Urethroscope, 15 cm long, Koch Urethroscope, 8 cm long. Price complete, with Case & Battery and Cords, $43.00. With street current Controller and Cords instead of Battery, $48.00. With Case and Cords but without Battery or Controller $35.00.

We also manufacture the Tuttle Air Dilating Proctoscope and Sigmoidoscope, Einhorn's Oesophagoscope and Gastrodiaphane, the Bransford Lewis Ureter-Cystoscope, the Elsner Catheterization Cystoscope, etc., and a complete assortment of Electro-Therapeutic Apparatus: X-Ray Coils, Condensers, Wall Plates, Transformers. etc. Send for complete catalogue.

ELECTRO SURGICAL INSTRUMENT CO.,
Rochester, N. Y,

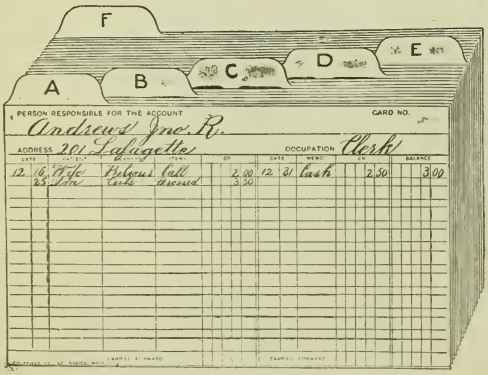
THE

"COUFFIELD"

GRAND RAPIDS, MICH. U.S.A.

Card System FOR Physicians

We have devised a Card System for physicians for recording all the information in connection with each case, and also keeping a record of the account of each patient. It is the most *practical* and *convenient* arrangement known, and one that is very popular with the medical profession.



$1.90 Cash with order, *express prepaid*, buys this **complete** outfit, consisting of

ONE DESK DRAWER CASE, made of solid quarter-sawed white oak, finished golden, rubbed and highly polished, equipped with an adjustable follower block for keeping contents in an upright position, nine inches long for 3 x 5 inch cards, with felt feet to protect desk.

200 RECORD CARDS, highest quality linen bristol, white, pen ruled in colors, and printed.

TWO SETS OF 20-DIVISION ALPHABETICAL GUIDES, two colors, one for indexing "Open Accounts" and one for "Closed Accounts."

It is worth, at retail, $3.50. We offer it at this very low price *simply to advertise* our labor-saving systems for physicians' use. Mention this ad and publication.

H. L. COUFFIELD CO.

DEVISERS OF SYSTEMS FOR PHYSICIANS.

232 O ST., GRAND RAPIDS, MICH.

Practice Limited to Diseases of Eye, Ear, Nose and Throat.

DR. J. W. MAY,

Telephone 243 West.

501-502 Husted Bldg. Kansas City, Kan.

Tel. West 98. Office Hours 1 to 4 p. m.

R. A. ROBERTS, M. D.

Rectal and Genito-Urinary Diseases.

502-3 Husted Bldg. Kansas City, Kan.

HERMAN E. PEARSE, M. D.

SURGEON.

322 Rialto Bldg. Kansas City, Mo.

P. D. HUGHES, M. D.

SURGEON.

KANSAS CITY, - KANSAS.

Ind. Tel. 825. Office Hours 2 to 5.

DR. WILLIAM E. M'VEY

Practice Limited to

CHEST, THROAT AND NOSE.

625 Kansas Ave. Topeka, Kansas.

J. M. POINDEXTER, M. D.

SURGEON.

RECTAL DISEASES A SPECIALTY.

534 Altman Bldg. Kansas City, Mo.

William F. Bernart,

M. D.,

HOT SPRINGS, - - ARKANSAS.

A Post-Graduate Course for One Dollar

THEORY AND PRACTICE TEXT BOOKS AND TOOLS
THE BEST VALUE EVER OFFERED FOR THE MONEY

Do you know, Doctor, that over one-half the Medical profession are prescribing the active principles? "Why?" Because the Alkaloidal Granules contain a mathematically correct and exact quantity of the pure active principle or principles of the drug it represents, and are **always** to be depended upon.

SEND A DOLLAR *and* WE WILL SEND YOU

1. THE ALKALOIDAL CLINIC for one year. A monthly journal of current, up-to-date therapeutic thought, teaching the use of the smallest possible quantity of the best obtainable means to produce a desired therapeutic result—twelve post-graduate lessons from the field from the very firing-line of success.
2. A cloth-bound copy of Abbott's "ALKALOIDAL DIGEST," a 250-page crystallization of experience and practice, than which, we believe, two covers never held more success points.
3. A good LEATHER POCKET CASE—carrying nine representative remedies—900 average doses with which to demonstrate the neatness, the convenience and the accuracy of active-principle therapeutics—the "treatment of the sick" done right.

THE CASE WILL BE FILLED WITH:

100 ACONITINE—For Congestive Fevers.
100 HYOSCYAMINE—For Pain and Spasms.
100 PODOPHYLLIN—To Stimulate the Secretion.
100 CALOMEL—To do the same thing.
100 CALCIUM SULPH.—Systemic Disinfectant.
100 MORPHINE—To use if you have to.
100 ANODYNE for INFANTS—For Baby's Colic.
100 GLONOIN—To Save Life in Shock and Collapse.
100 STRYCHNINE ARS.—To take up the Slack.

With these, and other samples we will send, you can demonstrate to yourself, pro or con, to your own satisfaction, and there's nothing like knowing—knowing things right.

OTHERS SAY:

I do not feel as if I could get along without the CLINIC. It is practical—a real help to the doctor. C. H. G., M.D.,——, New York.

The CLINIC is all right. I have taken it for five years and do not want to try to do without it. S. S. E., M.D.,——, Ill.

I must say I like your journal very much. Your therapeutic teachings are in the right direction.
A. T. McM., M.D.,—— Ind. Terr.

The CLINIC is the gem of all the medical journals I receive. I wish you the greatest success in your good work.
Dr. A. H. F.—— Indiana.

Shaller's Guide to Alkaloidal Medication
is a choice little book you will profit by and we advise you to include 50c for it also.
Book alone, $1.00.

The Clinic Publishing Co.
Ravenswood Station,
CHICAGO, ILL.

Enclosed find $———for which you will please enter my name as a subscriber to **The Alkaloidal Clinic** *(subscription price $1.00 per year) and send me your———vial Premium Case filled as selected, and a copy of Abbott's Alkaloidal Digest; also——— for which I enclose $———additional*

DR.———

TOWN——— STATE———

ALWAYS MONEY BACK IF NOT SATISFIED.

The Best Route East and West

IS THE

Three Trains Daily Between Wichita Kansas City and St. Louis

Missouri Pacific Railway

Two Trains Daily for Hot Springs, Ark. Low Rates all the year round

The Colorado Short Line is the Missouri Pacific Ry. Low excursion rates to the resorts and principal cities of Colorado and the West during the summer season.

Elegant Buffet Cafe and Dining Cars on Colorado trains and on day trains between Kansas City and St. Louis.

SEE OUR NEAREST TICKET AGENT, OR WRITE

E. E. BLECKLEY, T. P. A., WICHITA, KANS.

I. R. SHERWIN, P. & T. A., Cor. Douglas & Wichita Sts. WICHITA, KANS.

CUSHING HOSPITAL.

6th Ave. and Marshall St.

LEAVENWORTH, KANSAS.

One block from Street Railway.

AMBULANCE SERVICE.

A Fully equipped general hospital, with complete facilities for surgical, medical and obstetric cases

Separate building for contagious diseases.

First-class training school for nurses.

Patients may employ any physician they prefer.

Address,

MISS CARRIE L. TANQUARY,

Superintendent.

EVERGREEN PLACE HOSPITAL.

INCORPORATED.

LEAVENWORTH, KANSAS.

Hospital and Home for Nervous Invalids.

Heated by steam. Lighted by Electricity. Hot and Cold water on each floor. Electric Massage by thoroughly trained attendants. Milk and Vegetables furnished by their own dairy and gardens. Fruits in season. All Patients thoroughly classified. Four Parlors. Four Diningrooms. Thirty elegant Single Rooms. Seven Dormitories. Capacity 100. All medicines and medical attention furnished without extra cost. Management strictly professional. Electric car line to front entrance to grounds. Patients met at Railway Stations if desired. Liquor and Drug habit treated. Lying-in Cases cared for.

TERMS:—From $10 to $25 a week, in advance.

For further information address

C. C. GODDARD, M. D.,

Leavenworth, Kansas.

Training School for nurses. Course two years. Class limited to six. Students receive five dollars the first and eight dollars per month the second year. One month's probation required.

C. J. McGHEE, M. D., Secretary,

Leavenworth, Kansas.

THE FAMILY LAXATIVE

The ideal safe family laxative, known as Syrup of Figs is a product of the California Fig Syrup Co., and derives its laxative principles from senna, made pleasant to the taste and more acceptable to the stomach, by being combined with pleasant aromatic syrups and the juice of figs. It is recommended by many of the most eminent physicians, and used by millions of families with entire satisfaction. It has gained its great reputation with the medical profession by reason of the acknowledged skill and care exercised by the California Fig Syrup Co in securing the laxative principles of the senna by an original method of its own. and presenting them in the best and most convenient form. The California Fig Syrup Co. has special facilities for commanding the choicest qualities of Alexandria senna, and its chemists devote their entire attention to the manufacture of the one product. The name—Syrup of Figs—means to the medical profession "the fam ily laxative, manufactured by the California Fig Syrup Co.," and the name of the Company is a guarantee of the excellence of its product. Informed of the above facts, the careful physician will know how to prevent the dispensing of worthless imitations when he recommends or prescribes the original and genuine Syrup of Figs. It is well known to physicians that Syrup of Figs is a **simple, safe** and **reliable** laxative, which does not irritate or debilitate the organs on which it acts, and being pleasant to the taste, it is especially adapted to ladies and children, although generally applicable in all cases. Special investigation of the profession invited,

Syrup of Figs is never sold in bulk. It retails at fifty cents per bottle, and the name, Syrup of Figs, as well as the name of the California Fig Syrup Co. is printed on the wrappers and labels of every bottle.

CALIFORNIA FIG SYRUP CO.,

San Francisco, Cal.

Louisville, Ky, ⌀ ⌀ ⌀ **New York, N. Y.**

Kansas Medical College.

Medical Department of Washburn College.

NORMAN PLASS, PRESIDENT.
H. L. ALKIRE, M. D., DEAN.
R. S. MAGEE, M. D., SECRETARY.

New Term Begins Wednesday, September 14, 1904.

Course of Medical Study graded through four sessions of seven months in each year. Laboratory facilities modern and complete Excellent clinical instruction. The teaching facilities and hospital advantages are unsurpassed.

University of Kansas School of Medicine

New Term Begins on Wednesday, September 7, 1904.

NINE MONTHS ANNUAL COURSE.

Highest grade of laboratory work provided for the first two years of a medical course. This taken after two years of work in the College of Liberal Arts will enable the student to enter the junior year of the best medical schools and thus in six years secure both the A. B and M. D. degrees. For announcements, address:

CHANCELLOR FRANK STRONG,
LAWRENCE, KANSAS.

CREIGHTON MEDICAL COLLEGE,

Cor. 14th & Davenport Sts., Omaha, Neb.

The eleventh annual course of study in this institution will begin Wednesday, Sept. 21, 1904. The course in this college consists of four terms of seven and one-half months each. The first two years are devoted to the study of the so-called scientific branches included in a medical course. For this purpose, the new college building is furnished with lecture rooms and laboratories equipped with the latest and best paraphernalia for teaching, demonstrating and for individual work in these branches. The third and fourth years are given up to the study of what might be termed the practical part of the medical course. Here, the instruction is carried on by means of Clinics and Clinical lectures. The student is brought in contact and becomes familiar with the different phases of all the diseases he reads about. For this purpose the clinical material in St. Joseph and St. Bernard hospitals, the two largest hospitals in the west, is reserved for the exclusive benefit of students attending this school.

All buildings, both college and hospitals, are new and modern and the equipment the best that money can buy. In addition to the regular term of seven and one-half months, a spring course of two months in first and second year work will be continued from close of winter term to last of June. For further information address

D. C. BRYANT, M. D., Sec. Creighton Medical College,
No. 206 McCague Building, Omaha, Nebraska.

J. S. WEVER, M. D.,

EYE—EAR—NOSE—THROAT

404 Bryant Building, :: :: :: KANSAS CITY, MO.

INDEPENDENT AND BELL LONG DISTANCE PHONES NO. 411.

J. C. McCLINTOCK,

SURGEON.

1313 Filmore Street . . . . . TOPEKA, KANSAS.

J. N. SCOTT, M. D.

Practice limited to
X-RAY—AND ELECTRO-THERAPEUTICS. SPECIAL ATTENTION GIVEN TO THE TREATMENT OF MALIGNANT GROWTHS, PESUDO-LEUKEMIA LUPUS, ETC., BY THE X-RAY AND ULTRA-VIOLET LIGHT.

TELEPHONE 2030 MAIN. 212-14-15-16 RIDGE BLDG. KANSAS CITY, MO.

DOSE
One to three teaspoonfuls, according to the amount of Bromides required

THE BEST RESULTS
Are assured in Bromide treatment when you specify

FORMULA
Each fluid drachm represents 15 grains of the combined C. P. Bromides of Potassium, Sodium, Calcium, Ammonium and Lithium

PEACOCK'S BROMIDES

AND THE GENUINE IS DISPENSED

Half-pound bottles only

For Physicians' Prescriptions

Neurologists and General Practitioners prefer it because of its superior qualities over the commercial salts.

For clinical trial we will send full size bottle of either or both preparations to any physician who will pay exp. charges

Hepatic Stimulation **Without Catharsis**

CHIONIA

DOSE
One to two teaspoonfuls three times a day

Re-establishes portal circulation without producing congestion
Invaluable in all ailments due to hepatic torpor

PEACOCK CHEMICAL CO., ST. LOUIS, MO., U. S. A.

FORMULA
Prepared from Chionanthus Virginica, from which the inert and nauseating features of the drug have been eliminated

SENG

A Palatable Preparation of PANAX SCHINSENG in an Aromatic Essence

It promotes Normal Digestion by encouraging the flow of Digestive Fluids
It is the Modern and Most Successful Treatment for
INDIGESTION

A full size bottle, for trial, to physicians who will pay express charges

DOSE: One to two teaspoonfuls three times a day

CACTINA PILLETS

Has Many Advantages Over Other Heart Stimulants

IT HAS NO CUMULATIVE ACTION, AND IS ABSOLUTELY SAFE AND RELIABLE

Each pillet represents one one-hundredth of a grain CACTINA, the active proximate principle of CEREUS GRANDIFLORA

DOSE: One to four pillets three times a day
Samples mailed to physicians only

SULTAN DRUG COMPANY
St. Louis, Mo.

Antidiphtheritic Serum

IN potency, purity, uniformity of strength-in all-around reliability –

PARKE, DAVIS & CO.'S

ANTIDIPHTHERITIC SERUM

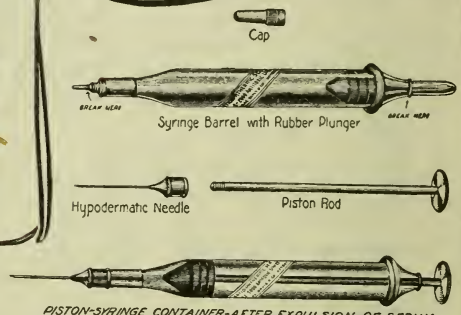
is positively without a peer. It is prepared with extraordinary care. It is rigidly tested. It is marketed in hermetically sealed bulbs that insure freedom from contamination.

Our PISTON-SYRINGE CONTAINER

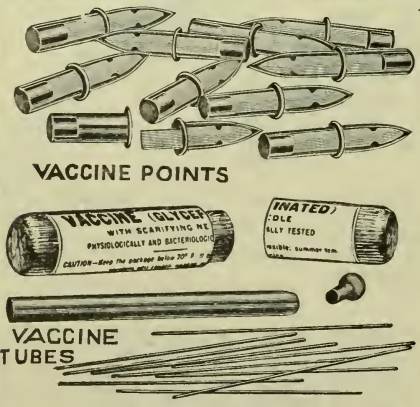
has no equal among ready-to use serum syringes. It is strictly aseptic, quickly prepared, easily operated.

Specify "P.D.& Co." when ordering.

(Bulbs of 500, 1000, 2000, 3000 and 4000 units.)



VACCINE



OUR modern, scientific methods of vaccine manufacture insure

Precise results.
Immunity from accident or untoward effect.

The physician who uses our vaccine obtains the highest percentage of successful vaccinations and is spared the annoyance of violent reaction and troublesome sore arms.

TUBES AND POINTS.

Capillary Glass Tubes, hermetically sealed, boxes of 10 and 3.
Ivory Points, each in a Lee's breakable gl ss case, boxes of 10.

EVERY PARCEL BACTERIOLOGICALLY AND PHYSIOLOGICALLY TESTED.

We are the world's largest producers of Diphtheria Antitoxin and Vaccine Virus. During all the years of our work as manufacturing biologists not a single untoward result ever followed the use of our Serum or Vaccine

PARKE, DAVIS & COMPANY

LABORATORIES: Detroit, Mich., U.S.A.; Walkerville, Ont.; Hounslow, Eng.
BRANCHES: New York, Chicago, St. Louis, Boston, Baltimore, New Orleans, Kansas City, Indianapolis, Minneapolis, Memphis; London, Eng.; Montreal, Que.; Sydney, N.S.W.; St. Petersburg, Russia; Simla, India; Tokio, Japan.

O. C.

DECEMBER 1904

INDEX ON ADVERTISING PAGE TWO

The Journal of

The Kansas Medical Society

in which is incorporated

The Wichita Medical Journal

AND

The Western Medical Journal

PUBLISHED THE FIRST OF EACH MONTH AT
900 TENNESSEE ST., LAWRENCE, KANSAS

Entered as second-class matter, August 29, 1904, at the post office at Lawrence, Kansas, under the Act of Congress of March 3, 1879.

SINGLE COPIES, TWENTY-FIVE CENTS YEARLY, TWO DOLLARS

College of
Physicians and Surgeons
Medical Department of
Kansas City University,
KANSAS CITY, KANSAS.

Four year's graded course.
Unsurpassed clinical facilities. Laboratories complete. Outdoor obstetric and medical clinic first-class. Anatomical material in abundance. For catalogue address

J. E. SAWTELL, M. D., Dean,
310 Rialto Bldg.,
Kansas City, Mo.

or

E. M. HETHERINGTON, M. D.,
Secretary,
526 Altman Bldg., Kansas City, Mo.

BOSTON MEDICAL LIBRARY. DEC 10 1904

INDEX

ORIGINAL: Trachoma—Dr. E. P. Pitts.....523
Treatment of Pneumonia—Dr J W Humfreville.527
Intestinal Union—Dr. J. D Riddell.....529
Osteotomy of Femur—Dr. E. E. Morrison.....533
Influence of valvular lesions upon pulmonary tuberculosis—Dr. R C. Fear.....536
Pelvic Suppurations—Dr. C. J. Simmons.....541
MISCELLANEOUS—Commissions and Fees.....552
Examination Questions.....546
Salicylic Acid.....549
Diphtheria.....549
Reorganization in Iowa.....555
Patent Medicine Graft.....557
SOCIETY NEWS:.....550
BOOK REVIEWS:.....558

All communications should be addressed to Dr. George Howard Hoxie, 900 Tennessee St., Lawrence, Kansas, the editor and business manager. Authors desiring reprints must send in notice with the manuscript. The reprints will be furnished at cost. The advertising rate is seventy-five dollars a year for a page; forty-five dollars for a half page.

B. F. Crummer, M. D., President. D. A. Foote, Vice-President.

Physicians Casuality Association

DIRECTORS:
C. C. Allison, M. D., Omaha, Neb.
F. S. Owen, M. D., Omaha, Neb.
Rob't Gilmore, M. D., Omaha, Neb.
W. F. Milroy, M. D., Omaha, Neb.
R W. Connell, M. D., Omaha, Neb.
D. C. Bryant, M. D., Omaha, Neb.
V. L. Treynor, M. D., Council Bluffs, Neb.
C. M. Schindel, M. D., So. Omaha, Neb.
A. R. Ray, M. D., Fairfield, Neb.

A MUTUAL ASSOCIATION of PHYSICIANS and SURGEONS TO PROVIDE ACCIDENT INSURANCE AT ACTUAL COST

No profits to anyone. Members in 34 States and Canada.

$25.00 WEEKLY COSTS ABOUT $3.00 QUARTERLY
: : : : : : : : OF, BY AND FOR PHYSICIANS. : : : : : : : :

FOR PARTICULARS, ADDRESS

38-39 U. S. National Bank Building. E. E. ELLIOTT, Omaha, Neb.
SECRETARY.

Sole Agents for Great Britain, Thos. Christy & Co., 4, 10 and 12 Old Swan Lane, London, E. C., Eng.

HEREDITARY BLOOD

or blood tainted with syphilitic virus, tubercular diatheses transmitted through the blood, predisposition to Carcinomatous blood, Scrofulous diatheses are all cases continually met with. If the blood can be maintained at the proper standard, the predisposition to the so-called hereditary conditions will disappear. Allow the blood to become poor in quality and immediately family characteristics of disease and degeneracy appear. New blood, rich blood, healthy blood will keep the body pure and less liable to be attacked by the insidious foes which devastate entire families.

Pepto-Mangan ("Gude")

if given in incipient tuberculosis and all wasting diseases, will build up the system by building up the condition of the blood. The patient gains in weight and strength and the body is better able to ward off the impending disease.

Pepto-Mangan ("Gude") is ready for quick absorption and rapid infusion into the circulating fluid and is consequently of marked and certain value in all forms of

Anæmia, Chlorosis, Bright's Disease, Rachitis, Neurasthenia, etc.

To assure proper filling of prescriptions, order Pepto-Mangan ("Gude") in original bottles containing ℥ xi. *It's Never sold in bulk.*

M. J. BREITENBACH COMPANY,

Laboratory, Leipzig, Germany.

53 Warren Street, NEW YORK.

SAMPLES AND LITERATURE UPON APPLICATION.

THE JOURNAL

OF THE

KANSAS MEDICAL SOCIETY

IN WHICH IS INCORPORATED

THE WICHITA MEDICAL JOURNAL.

DR. G. K. PURVIS, EDITOR,

AND

THE WESTERN MEDICAL JOURNAL.

DR. A. J. ROBERTS, EDITOR.

VOLUME IV

JANUARY—DECEMBER, 1904.

EDITED FOR THE SOCIETY BY

GEORGE HOWARD HOXIE, A. M., M. D.

BOSTON MEDICAL LIBRARY
APR 7 1905
CATALOGUED
APR 7 1905
E. H. B.

INDEX

PAGE.

A

Acute Otitis Media—Dr. J. P. Blunk 335
Allen County Report..... 465
Anatomy, The Newer Texts in—Dr. G. H. Hoxie..... 180
Anesthesia by Nitrous Oxide and Ether Sequence—Dr. L. S. Chamberlain..... 253
Argyrol—Dr. J. W. May..... 177
Axtell, Dr. J. T.—Portrait... 310

B

Barber, Prof. M. A.—A New Method of Isolating Micro-Organisms..... 489
Barber Prof. M. A.—The Effect of the Flood of 1903 on the Health of the Kaw Valley 296
Blood Pressure in General Practise, Value of the Exact Determination of—Dr. O. P. Davis..... 374, 412
Blunk, Dr. J. P.—Acute Otitis Media..... 335
Boyd, Dr. G. A.—Medical Legislation..... 324
Bullet Wounds in Civil Practice—Dr Hugh Wilkinson. 400
Burnett, Dr S. G.—A Case of Acute Bilateral Facial Palsy with Complications. 274, 292

C

Carcinoma Ventriculi—Dr. G. H. Hoxie..... 227
Case of Deformity following Fracture of Femur—Dr. E. E. Morrison..... 533
Chamberlain, Dr. L. S.—Anesthesia with Nitrous Oxide and Ether Sequence 253
Chambers, Dr. H L.—The Conventinal Quarantine of Scarlatina..... 289
Clarke, Dr. H. L.—Dispensing Drugs..... 494
Cloud County Society Report 332
Coffey, Dr. G. W.—Portrait. 309
Commissions and Fees..... 552
Crawford County Society Report 199

D

Daugherty, Dr. P.—Obituary 459
Davis, Dr. O. P.—The Value of the Exact Determination of Blood Pressure in General Practice..... 374, 412
Deformity following Fracture of Shaft of Femur, Osteotomy—Dr. E. E. Morrison. 533
Dingess, Dr. M. T.—Eclampsia..... 298
Diphtheria in which Anti-Toxin was used on the Eighth Day with Excellent Effect—Dr. W. V. Tucker.. 252
Dispensing Drugs—Dr. H. L Clarke 494
Douglas County Society Reports..169, 199, 263, 270, 271, 304, 331
Drug Counterfeiting..... 517

E

Eclampsia—Dr. M. T. Dingess 298
Education of the Public in Medicine—Dr. G. H. Hoxie 275
Evolution—Dr W. L. Schenck 477, 497
Examination Questions..... 487 546
Expectant Mother, The—Dr E. T. Shelly..... 470
Eye in General Practice, The Dr. J. E. Minney..... 510
Eye Reflexes—Dr. R. J. Peare 466

F

Fear, R. C.—Influence of Valvular Lesions upon Tuberculosis..... 536
Fifth District Society Report 464
First District Society Report 250, 332, 521
Fistula in Ano, Diagnosis and Treatment of—Dr. J. M. Poindexter..... 188
Flood of 1903, The effect of, on the Health of the Kaw Valley—Prof. M. A. Barber and John G. Woodin... 296
Fourth District Society Reports 305, 397, 461, 520

G

Gall-Bladder Pathology—Medical and Surgical Treatment—Dr. H G. Welsh... 408
Gardiner, Dr. Charles—Obituary..... 452

THE REPUTATION MAKERS.

WHEN YOU USE THE SALICYLATES PRESCRIBE TONGALINE.

RHEUMATISM
NEURALGIA
SCIATICA
LUMBAGO
GOUT
GRIPPE
ETC. ETC.

100 Tongaline TABLETS
A thorough eliminative for the various forms of RHEUMATISM AND NEURALGIA AS ALSO LA GRIPPE, NERVOUS HEADACHE, GOUT AND SCIATICA OR WHEREVER THE SALICYLATES ARE INDICATED.
MELLIER DRUG COMPANY ST. LOUIS

100 Tongaline AND LITHIA TABLETS
TONGALINE 3 GRS
LITHIUM SALICYLATE 1 GR.
A most effective combination for the elimination of any excess of URIC ACID manifested by a RHEUMATIC OR GOUTY DIATHESIS AS ALSO BY LA GRIPPE, NEURALGIA AND SCIATICA
MELLIER DRUG COMPANY ST. LOUIS

100 Tongaline AND QUININE TABLETS
TONGALINE 3½ GRS
QUINIA SULPH. 2½ GRS
A most effective combination for all MALARIAL CONDITIONS AND ESPECIALLY THOSE OF A RHEUMATIC AND NEURALGIC CHARACTER BEING PARTICULARLY INDICATED IN LA GRIPPE, DENGUE, SCIATICA AND LUMBAGO
MELLIER DRUG COMPANY ST. LOUIS

SAMPLES ON APPLICATION
MELLIER DRUG COMPANY.
ST. LOUIS.

Practice Limited to Eye, Ear, Nose and Throat.

J. F. GSELL, M. D.

Office 112 E. Douglas, - Wichita, Kansas.

C. J. LIDIKAY, M. D.

Practice limited to

Eye, Ear, Nose and Throat.

Portsmouth Bldg. Kansas City, Kan.

J. C. BROWN, M. D.

Practice Limited to
EYE, EAR, NOSE AND THROAT.

140 North Main St., Wichita, Kan,

E. E. HAMILTON, M. D,

Practice Limited to
EYE, EAR, NOSE AND THROAT.

Wichita, Kansas.
128 East Douglas Ave. Bitting Block.

SAL HEPATICA.

Effervescent uric acid solvent and eliminator, stimulates liver, tones all intestinal glands, purifies alimentary tract and improves digestion, assimilation and metabolism. It is practically specific in rheumatism, gout and bilious attacks. Sal Hepatica has no equal for eliminating toxic products from intestinal tract or blood, and correcting vicious or clogged functions. Write for free sample.

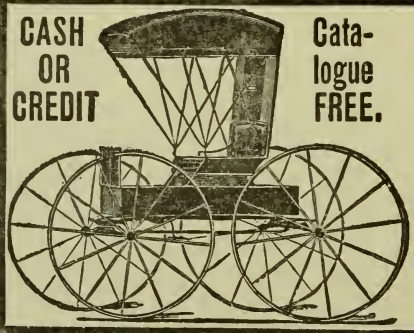
BRISTOL-MYERS CO.,
Brooklyn, New York.

A Chestnut has a Burr
Opium a Habit
PAIN has relief in
FIVE-GRAIN Antikamnia Tablets
WHICH DO NOT DEPRESS THE HEART
DO NOT PRODUCE HABIT
ARE ACCURATE—SAFE—SURE
MADE SOLELY BY
The Antikamnia Chemical Company
ST. LOUIS, MO. U.S.A.

SAMPLES AND LITERATURE ON APPLICATION

Five-Grain Antikamnia Tablets
Laxative Antikamnia & Quinine Tablets
| AK |
Antikamnia & Codeine Tablets
Antikamnia & Heroin Tablets

CASH OR CREDIT



Catalogue FREE.

ONLY $10.00

Cash, balance $5.00 a month, buys this 3-year guaranteed Buggy—$37.50 on time payments or $33.50 cash. We trust honest people located in all parts of the World.

Write for free catalogue of Buggies, Surreys, Phaetons, Spring and Farm Wagons.

CENTURY MANUFACTURING CO.
Dept. 2142 EAST ST. LOUIS, ILL.

ANTIPHLOGISTINE

IS NOW THE STANDARD REMEDIAL AGENT

FOR PNEUMONIA, PLEURISY OR BRONCHITIS, PRIMARY OR SECONDARY TO LA GRIPPE OR TO ANY OTHER DISEASE,

BECAUSE

1.—Antiphlogistine is far more efficient than a poultice or any other external application.
2.—Antiphlogistine draws the blood to the surface—bleeds but saves the blood.
3.—Antiphlogistine, by reflex action, contracts the pulmonary vessels, thus depleting the lungs into the dilated superficial capillaries.
4.—Antiphlogistine's anodyne effects enable it to allay pain.
5.—Antiphlogistine relaxes the muscular and nervous systems thereby tending to induce sleep.
6.—Antiphlogistine works persistently and continuously for 24 hours or longer.
7.—Antiphlogistine is neat and clean.
8.—Antiphlogistine is easily applied and stays exactly where it is put.
9.—Antiphlogistine comes off nicely at the proper time leaving the parts comparatively clean.
10.—Antiphlogistine can do no harm and is certain to do good.

IT IS ONLY A QUESTION OF PROPERLY APPLYING.

Directions For Applying In Pneumonia.—Prepare the patient in a warm room. Lay him on his side and spread Antiphlogistine thick and as hot as can be comfortably borne over one-half the thoracic walls. Cover with a good, warm, cotton-lined cheese-cloth jacket. Roll the patient over on the dressed side and complete the application. Then stitch the front of the jacket. Prepare everything beforehand and work as rapidly as possible. The dressing should be renewed when it can be easily peeled off, generally in about 24 hours.

To insure economy and the best results always order an original package and specify the size required—Small, Medium, Large or Hospital Size.

THE DENVER CHEMICAL MFG. CO.

NEW YORK.

Dr. Burnett's Private Home

For Nervous Diseases and Selected Inebriates

The Home is built with up-to-date facilities for the scientific treatment of

Nervous Diseases and Drug Cases,

and open to inspection by the Profession No assumed pretensions are made to deceive patrons or the public.

It is located in a quiet but nice part of the city where the fastidious may avoid publicity.

Therapeutical agents are WATER, ELECTRICITY, ELECTRIC LIGHT BATHS, FOOD, DRUGS, MASSAGE and the REST CURE.

The Electric Light, Bath and Water are on each floor. The Electric Operating Room contains Electrolytic, Diagnostic and Therapeutic Galvanic Currents, and the Electric Vibrator for Massage; also one of the largest and most complete and up-to-date Static Machines ever brought west, which was made to order by Van Houten & Ten Broeck of N. Y.

S. GROVER BURNETT, A. M., M. D., Supt. and Prop.,

Formerly Ass't Supt. L. I. Home, (of New York.) for Mental and Nervous Diseases and Inebriates.

REFERENCES BY PERMISSION:

T. D. CROTHERS, M. D., Supt. Walnut Lodge Hospital for Opium and Alcoholic Inebriates, Hartford, Conn.

GRAEME H. HAMMOND, M. D., Prof. Mental and Nervous Diseases, N. Y. Post-Graduate Medical College.

WILLIAM J. MORTON, Prof. Electro-Therapeutics and Mental and Nervous Diseases, N. Y. Post-Graduate Medical College.

FREDERICK PETERSON, M. D., Chief Vanderbilt Clinic. Neurological Depart. College Physicians and Surgeons, N. Y. City.

WILLIAM L. LESZYNSKY, M. D., Neurologist to Demit Dispensary, New York City.

Address Rialto Building, 9th St. and Grand Ave., Kansas City, Mo., or S. W. Cor. 31st and Euclid Ave.

PROGRESS IN MEDICINE

There must be changes or medical science will stand still. Old things must give way to new—old ideas must be modified. Cod liver oil was first used just as it came from the fish, of dark color and strong odor. Later the oil was refined. After a time the oil was emulsified, which rendered it more palatable. That was a step in advance. At a more recent date came

FORMULA ON EVERY BOTTLE

NEVER SOLD IN BULK

Hagee's Cordial of Cod Liver Oil Comp.

containing **all** the active principles of the best cod liver oil with hypophosphites lime and soda in the form of a thin fluid **Cordial**—perfectly palatable, free from grease and fishy flavor.

Prescribe

CORD. OL. MORRHUAE COMP. (Hagee)

and your patients will take it

Katharmon Chemical Co. St. Louis, Mo.

Grandview Sanitarium

Is a pleasant home and a high grade Sanitarium for the cure and treatment of Mental and Nervous Diseases, the Drug Habit and Inebriety.

Situated opposite New City Park, ½ mile west of terminus of Grandview Car Line.

It is a handsomely constructed three-story brick building of modern design, commodious in all its departments, well lighted, heated, ventilated, and fully equipped with all modern appliances for the care and treatment of such cases. An abundant supply of spring water. Liberal and home-like cuisine. Special nurse to each case.

Correspondence solicited concerning the treatment of mental disorders, Management STRICTLY ETHICAL. Address,

GEO. M. GRAY, M. D., Surgeon. *S. S. GLASSCOCK, M. D., Medical Director.*
H. O. HANAWALT, M. D., Consultant. *F. M. TRACY, M. D., General Manager.*
Telephone, 832 Hickory. *Office, 534 Minnesota Avenue.*

LATEST MEDICAL BOOKS.

DISEASES OF THE STOMACH AND INTESTINES

"The aim of the author has been to treat the whole subject of diseases of the stomach and intestines in one single volume, and in this he has well succeeded. It is a practical book, written by a practical man for practical people, and as such will be duly appreciated. His book is representative of the best thoughts of the present day."—*Chicago Medical Record.* By BOARDMAN REED, M. D., complete in one octavo vol.; 1024 pages; illustrated. Half Morocco, $6.00; Cloth, $5.00

THE BLUES (Nerve Exhaustion) Causes and Cure

"Treatment is considered at length. The author's theories are not only plausible, but as his results show, correct."—*Medical Standard.* By ALBERT ABRAMS, M. D., F. R. M. S. 8vo. 240 p.; Illustrated; Cloth 1.50

TREATMENT BY PHYSICAL METHODS

Electricity, Massage, Baths and Exercise. By THOMAS STRETCH DOWSE, M. D., (Abd.), F. R. C. P., (Ed.) 4th Edition; Small 8vo. 454 pages; 101 Illustrations; Cloth..... 2.75

MEDICAL AND SURGICAL ELECTRICITY

Including X-Ray, Vibratory Therapeutics, Finsen Light and High Frequency Currents. By A. D. ROCKWELL, A. M., M. D. New and Enlarged Edition, Royal Octavo; 672 pages; Illustrated; Half Morocco, $6.00; Cloth..... 5.00

SELF-CURE OF CONSUMPTION Without Medicine

"The book is up-to-date and commendable in every particular, and gives the practitioner material for much good advice to offer his patients."—*Med. Age.* By C. H. S. DAVIS, M. D. 12mo, 176 pp. Cloth.... .75

DISORDERS OF METABOLISM AND NUTRITION

A Series of Monographs. By PROF. DR. CARL VON NOORDEN, Physician-in-Chief to the City Hospital, Frankfort-on-Main. Authorized American Edition by BOARDMAN REED, M. D.

I. Obesity. Small 8vo. 60 pages; Cloth $ .50 III. Colitis. Small 8vo. 64 p.; Cloth .50
II. Nephritis. Small 8vo. 112 p.; Cloth $1.00 IV. The Acid Autointoxications. Small .50
V. Saline Therapy Sm'l 8vo. 92 p. Cloth .75
Sold Singly. Volumes in preparation on Gout, Diabetes, Etc.

SEXUAL DEBILITY IN MAN

By FREDERICK R. STURGIS, M. D. The author has long been considered by the medical profession of this country as an authority in his specialty. 8vo. 436 pages; Illustrated; Cloth..... 3.00

Books Sent Prepaid
Catalogue upon request

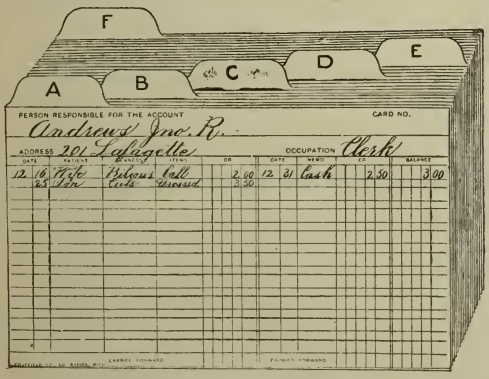
E. B. TREAT & CO.

241-243 W. 23d Street,
NEW YORK.

THE "COUFFIELD" GRAND RAPIDS MICH. U.S.A.

Card System FOR Physicians

We have devised a Card System for physicians for recording all the information in connection with each case, and also keeping a record of the account of each patient. It is the most *practical* and *convenient* arrangement known, and one that is very popular with the medical profession.



$1.90 Cash with order, *express prepaid*, buys this **complete** outfit, consisting of

ONE DESK DRAWER CASE, made of solid quarter-sawed white oak, finished golden, rubbed and highly polished, equipped with an adjustable follower block for keeping contents in an upright position, nine inches long for 3x5 inch cards, with felt feet to protect desk.

200 RECORD CARDS, highest quality linen bristol, white, pen ruled in colors, and printed.

TWO SETS OF 20-DIVISION ALPHABETICAL GUIDES, two colors, one for indexing "Open Accounts" and one for "Closed Accounts."

It is worth, at retail, $3.50. We offer it at this very low price *simply to advertise* our labor-saving systems for physicians' use. Mention this ad and publication.

H. L. COUFFIELD CO.

DEVISERS OF SYSTEMS FOR PHYSICIANS.

232 O ST., GRAND RAPIDS, MICH.

Tel. West 98. Office Hours 1 to 4 p. m.

R. A. ROBERTS, M. D.

Rectal and Genito-Urinary Diseases.

502-3 Husted Bldg. Kansas City, Kan.

HERMAN E. PEARSE, M. D.

SURGEON.

322 Rialto Bldg. Kansas City, Mo.

P. D. HUGHES, M. D.

SURGEON.

KANSAS CITY, - KANSAS.

Ind. Tel. 825. Office Hours 2 to 5.

DR. WILLIAM E. M'VEY

Practice Limited to

CHEST, THROAT AND NOSE.

625 Kansas Ave. Topeka, Kansas.

J. M. POINDEXTER, M. D.

SURGEON.

RECTAL DISEASES A SPECIALTY.

534 Altman Bldg. Kansas City, Mo.

William F. Bernart, M. D.,

HOT SPRINGS, - - ARKANSAS.

The Rational Treatment of Dyspepsia

associated with deficient gastric juice depends for its success upon the gentle stimulation of the gastric glands by the action of certain chemical excitants.

Ext. carnis fl. comp. (Colden) contains a number of the most potent of these physiological or chemical excitants so proportionably combined that effective excitation may be secured without undue stimulation.

The administration of Ext. carnis fl. comp. (Colden) a short time before meals, will stimulate the appetite, increase the quantity and quality of the gastric juice, and promote a proper functioning of the musculature of the stomach. Write for sample and literature.

Sold by all druggists.

THE CHARLES N. CRITTENTON CO.

Sole Agents,

115-117 FULTON STREET, NEW YORK.

IN THE TREATMENT OF

ANÆMIA, NEURASTHENIA, BRONCHITIS, INFLUENZA, PULMONARY TUBERCULOSIS, AND WASTING DISEASES OF CHILDHOOD, AND DURING CONVALESCENCE FROM EXHAUSTING DISEASES,

THE PHYSICIAN OF MANY YEARS' EXPERIENCE

KNOWS THAT, TO OBTAIN IMMEDIATE RESULTS, THERE IS NO REMEDY THAT POSSESSES THE POWER TO ALTER DISORDERED FUNCTIONS, LIKE

"Fellows' Syrup of Hypophosphites"

MANY A TEXT-BOOK ON RESPIRATORY DISEASES SPECIFICALLY MENTIONS THIS PREPARATION AS BEING OF STERLING WORTH.

TRY IT, AND PROVE THESE FACTS.

SPECIAL NOTE.—Fellows' Syrup is never sold in bulk, but is dispensed in bottles containing 15 oz.

MEDICAL LETTERS MAY BE ADDRESSED TO

MR. FELLOWS, 26 CHRISTOPHER STREET, NEW YORK.

For Sale—Practice in a town of 500 people, located in one of the best farming districts in Oklahoma. Price for practice including office and office fixtures, $600.00. Drives average from six to nine miles; roads are good all year around, country level. Practice amounts to about $3,000.00 per year, collections from 75 to 85 per cent. of this. No. 8, JOURNAL office.

EVERY PHYSICIAN KNOWS.

In the *North American Practitioner*, under the head of "Intestinal Antiseptics," reported by Dr. Pettingill of New York City, we find some excellent experiences and from which the following is selected:

"Every physician knows full well the advantages to be derived from the use of antikamnia in very many diseases, but a number of them are still lacking a knowledge of the fact that antikamnia in combination with various remedies, has a peculiarly happy effect; particularly is this the case when combined with salol. Salol is a most valuable remedy in many affections; and its usefulness seems to be enhanced by combining it with antikamnia. The rheumatoid conditions so often seen in various manifestations are wonderfully relieved by the use of this combination. After fevers, inflamations, etc., there frequently remain various painful and annoying conditions which may continue, namely: the severe headaches which occur after meningitis, a 'stitch in the side' following pleurisy, the precordial pain of pericarditis and the painful stiffness of the joints which remain after a rheumatic attack—all these conditions are relieved by this combination called 'Antikamnia & Salol Tablets' containing 2½ grains, each of antikamnia and of salol and the dose of which is one or two every two or three hours. They are also recommended highly in the treatment of cases of both acute and chronic cystitis. The pain and burning is relieved to a marked degree. Salol makes the urine acid and clears it up. This remedy is a reliable one in the treatment of diarrhoea, entero colitis, dysentery, ete. In dysentery, where there are bloody, slimy discharges, with tormina and tenesmus, a good dose of sulphate of magnesia, followed by two antikamnia and salol tablets every three hours, will give results that are gratifying."

This cut illustrates our General Diagnostic outfit, consisting of Case & Battery, Auriscope and Nasoscope combined, Laryngoscope, Tongue Depressor, General Diagnostic Instrument, E. S. I. Co.'s Rectal Tube, Koch Urethroscope, 15 cm long, Koch Urethroscope, 8 cm long. Price complete, with Case & Battery and Cords, $43.00. With street current Controller and Cords instead of Battery, $48.00. With Case and Cords but without Battery or Controller, $35.00.

We also manufacture the Tuttle Air Dilating Proctoscope and Sigmoidoscope, Einhorn's Cesophagoscope and Gastrodiaphane, the Bransford Lewis Ureter-Cystoscope, the Elsner Catheterization Cystoscope, etc., and a complete assortment of Electro-Therapeutic Apparatus: X-Ray Coils, Condensers, Wall Plates, Transformers, etc. Send for complete catalogue.

ELECTRO SURGICAL INSTRUMENT CO.,
Rochester, N. Y.

ABBOTT'S SUCCESS MAKERS

Success Remedies for Doctors who Dispense or Prescribe. Try Them and Be Convinced

THE COUPON IS GOOD FOR ONE DOLLAR READ THE "SPECIAL OFFER"

BILEIN: Active Principle of Bile

Bilein is a new remedy, but is as old as life itself. Doctor, how many of your indigestion and autoinfection cases, depend upon a lack of bile? For these try "Bilein" and you will have an agreeable surprise. It will stimulate the Hepatic Cells that are negligent to more than normal activity.

Bilein, ¼-gr. tablets..... .....100-60c 500-$2.75 1000-$5.25

CALCIDIN: Iodized Calcium

Sufficient evidence has been presented in the medical press to prove the efficacy of this product in membranous croup and allied affections. Excellent effects have also been produced in fibroid tumors, incipient phthisis, la grippe, etc. Calcidin in connection with Saline Laxative and abstinence from food and drink is an excellent remedy to break up a forming cold.

Calcidin, ⅓-gr. tablets, or pure powder in packages of 1 oz., each...50c. Per doz. $5.00

CALCALITH: A True Uric-Acid Solvent

A remedy of singular power to break up and eliminate uric acid. Formula C. P. Calcium, Lithium and Colchicine in aromatic combination. An efficient remedy for all manifestations of the Uric-Acid Diathesis, Lithæmia, Gout, Gravel, Nephrolithiasis, Urinary Hyperacidity, Phosphaturia, Rheumatism, Lumbago, Uric-Acid Eczema, etc. Efficiency guaranteed.

Calcalith, compressed tablets, per doz. packages (200 tablets), each.....$9.00
In lots of less than one-half doz., each ..... .80

SALITHIA: Yoke-Worker with Calcalith

Salithia (Gran. Eff. Mag. Sulph., Lithium and Colchicine) replaces Saline Laxative with the rheumatic, plethoric, uricemic, slugglish livers and those suffering with hemorrhoids and other difficulties attendant upon portal congestion. It is an elegant preparation, pleasant to take, non-irritating, never nauseates and never gripes. It is at the same time antilithic, laxative and diuretic. Put up in one size only, same as medium size Saline Laxative. (See below.)

Per doz. cans.....$6.00 In less than one-half doz. lots.....$0.55

SALINE LAXATIVE: Effervescent Magnesium Sulphate

Chemically pure magnesium sulphate in effervescent combination. Absolutely the best in it's class. Taken before breakfast it acts once and no more. Imitations keep acting a little all day or fail to act at all. Minor ailments often require nothing more than Saline Laxative, as its use clearing the alimentary canal of indigestible fermenting residues freshens and purifies the blood, the source of all health; in fact we know of no ailment, be it small or great, the successful treatment of which is not rendered surer and easier thereby.

Small size, per doz.....$2.00 Each $0.20
Medium (standard size) per doz.... 4.00 Each ..... .35
Large size, per doz..... 9.00 Each ..... .80

INTESTINAL ANTISEPTIC (W-A)

The W-A Intestinal Antiseptics should follow the Salines in all fevers as a "routine," and in every case where offensive stools indicate its employment. This antiseptic "wonder" has grown out of our work with the sulphocarbolates and is presented to the profession with the assurance that it meets all the indications for an antiseptic of the alimentary canal safely, surely and pleasantly.

Uncoated, or sugar coated white or chocolate as ordered..100-35c 500-$1.40 1000-$2.75
In powder, 4 oz. cans, each ..... .75

NOTE THIS SPECIAL OFFER

In order to introduce these success-making remedies to every Physician in the United States who is not using them (nearly one-half the doctors are now using them) we will, on receipt of the corner coupon and $1.00, send prepaid to any address in the United States or Canada, a package containing the following assortment of the above remedies: 50 Bilein, 1 full size package of Calcidin, 100 Calcalith, 1 can of Saline Laxative, one of Salithia and 100 (W-A) Intestinal Antiseptic. In addition we will include literature on all these preparations and a complimentary copy of Abbott's "Alkaloidal Digest," a 300 page book of active-principle therapeutics and practice.

This is the best value for the money that we have ever offered, and you cannot afford to pass it by. Your money back if not satisfied. **Use the coupon. Do it today.**

Alk. Clinic 12-04.

CUT AND MAIL THIS COUPON—IT IS GOOD FOR $1.00

THE ABBOTT ALKALOIDAL CO. Chicago.

Enclosed find One Dollar for which please send to the following address your special assortment of "Success Making Remedies" which you advertise for One Dollar, also literature and a copy of the Digest.

DR .....

TOWN.....

STATE.....

THE ABBOTT ALKALOIDAL CO.

Manufacturing Chemists

HEADQUARTERS FOR ALKALOIDAL PREPARATIONS

Ravenswood Station, CHICAGO, ILL.

50 W. Broadway, NEW YORK, N. Y. 9-11 Phelan Bldg., SAN FRANCISCO, CAL.

The Best Route East and West

IS THE

Three Trains Daily Between Wichita Kansas City and St. Louis

Missouri Pacific Railway

Two Trains Daily for Hot Springs, Ark. Low Rates all the year round

The Colorado Short Line is the Missouri Pacific Ry. Low excursion rates to the resorts and principal cities of Colorado and the West during the summer season.

Elegant Buffet Cafe and Dining Cars on Colorado trains and on day trains between Kansas City and St. Louis.

SEE OUR NEAREST TICKET AGENT, OR WRITE

E. E. BLECKLEY, T. P. A., WICHITA, KANS. Cor. Douglas & Wichita Sts. I. R. SHERWIN, P. & T. A., WICHITA, KANS.

CUSHING HOSPITAL.

6th Ave. and Marshall St.

LEAVENWORTH, KANSAS.

One block from Street Railway.

AMBULANCE SERVICE.

A Fully equipped general hospital, with complete facilities for surgical, medical and obstetric cases

Separate building for contagious diseases.

First-class training school for nurses.

Patients may employ any physician they prefer.

Address,

MISS CARRIE L. TANQUARY,

Superintendent.

EVERGREEN PLACE HOSPITAL.

INCORPORATED.

LEAVENWORTH, KANSAS.

Hospital and Home for Nervous Invalids.

Heated by steam. Lighted by Electricity. Hot and Cold water on each floor. Electric Massage by thoroughly trained attendants. Milk and Vegetables furnished by their own dairy and gardens. Fruits in season. All Patients thoroughly classified. Four Parlors. Four Diningrooms. Thirty elegant Single Rooms. Seven Dormitories. Capacity 100. All medicines and medical attention furnished without extra cost. Management strictly professional. Electric car line to front entrance to grounds. Patients met at Railway Stations if desired. Liquor and Drug habit treated. Lying-in Cases cared for.

TERMS:—From $10 to $25 a week, in advance.

For further information address

C. C. GODDARD, M. D.,

Leavenworth, Kansas.

Training School for nurses. Course two years. Class limited to six. Students receive five dollars the first and eight dollars per month the second year. One month's probation required.

C. J. McGHEE, M. D., Secretary,

Leavenworth, Kansas.

THE FAMILY LAXATIVE

The ideal safe family laxative, known as Syrup of Figs is a product of the California Fig Syrup Co., and derives its laxative principles from senna, made pleasant to the taste and more acceptable to the stomach, by being combined with pleasant aromatic syrups and the juice of figs. It is recommended by many of the most eminent physicians, and used by millions of families with entire satisfaction. It has gained its great reputation with the medical profession by reason of the acknowledged skill and care exercised by the California Fig Syrup Co in securing the laxative principles of the senna by an original method of its own. and presenting them in the best and most convenient form. The California Fig Syrup Co. has special facilities for commanding the choicest qualities of Alexandria senna, and its chemists devote their entire attention to the manufacture of the one product. The name—Syrup of Figs—means to the medical profession "the family laxative, manufactured by the California Fig Syrup Co.," and the name of the Company is a guarantee of the excellence of its product. Informed of the above facts, the careful physician will know how to prevent the dispensing of worthless imitations when he recommends or prescribes the original and genuine Syrup of Figs. It is well known to physicians that Syrup of Figs is a **simple, safe** and **reliable** laxative, which does not irritate or debilitate the organs on which it acts, and being pleasant to the taste, it is especially adapted to ladies and children, although generally applicable in all cases. Special investigation of the profession invited.

Syrup of Figs is never sold in bulk. It retails at fifty cents per bottle, and the name, Syrup of Figs, as well as the name of the California Fig Syrup Co. is printed on the wrappers and labels of every bottle.

CALIFORNIA FIG SYRUP CO.,

San Francisco, Cal.

Louisville, Ky, ø ø ø New York, N. Y.

PAGE.

Goddard, Dr. C. C —Portrait 312
Golden Belt Society Reports 259 302, 518
Greene, Marie A.—Typographical Anatomy of the Human Head..... 428

H

Hall, Dr. J. N —Climatic Treatment of Pulmonary Diseases..... 340
Hamman, Dr. G. A.—McReynolds Operation for Pterygium 285
Harvey County Reports..... .....399, 445, 464, 519
Hoxie, Dr. G. H —Carcinoma Ventriculi..... 227
Hoxie, Dr. G. H.—The Newer Texts in Anatomy..... 180
Hoxie, Dr. G. H.—Education of the Public in Medicine.. 275
Huffman, Dr. C. S.—Portrait 311
Humfreville, Dr. D. W.—Retrospective View of the Treatment of Pneumonia.. 527

I

Influence of Valvular Lesions upon Pulmonary Tuberculosis—Dr R C Fear..... 536
Insanity in Lower Animals—Prof. L. E. Sayre.....222, 241, 273
Intestinal Union by the Aid of a Hollow Candle—Dr. J. D. Riddell..... 529
Isolating Micro-Organisms, a New Method of—Prof. M. A. Barber..... 489

J

Jacobs, Dr. L. D —Obituary 453
Jermane, Dr. Percy L.—Obituary..... 455

L

Lane, Dr. James A. —Obituary..... 456
Langworthy, Dr. S. B.—Care of Perineum During and After Confinement..... 419
Linn County Report..... 446
Liquozone 516

PAGE.

M

McClung, Prof. C. E.—Rapid Histological Methods..... 172
McClung, Prof. C. E.—Sex Determination 231
McVey, Dr. W. E.—Portrait. 308
McVey, Dr W. E —President's Address..... 367
Marshall County Report..... 447
May, Dr J. W.—Argyrol.... 177
Medical Legislation—Dr. G. A. Boyd..... 324
Minney, Dr. J E —The Eye in General Diseases..... 510
Morrison, Dr E E.—Case of Deformity following Fracture of Femur..... 533
Moses, Dr. H N —Symptoms that may be Attributed to the Perpendicular Position 392
Munn, Dr. L. H.—Portrait... 313
Murphy, Dr. L. C.—Obituary 454

N

Neosho County Society Report 462
Nitrous Oxid and Ether Sequence—Dr. L. S. Chamberlain 253

O

Ottawa District Society Report 334, 463

P

Palsy and Complications, a Case of Bilateral Facial—Dr S. G. Burnett..... 247, 292
Peare, Dr. R. J. —Eye Reflexes 466
Pelvic Suppurations—Dr. C. J. Simmons..... 541
Perineum, Care of, During and After Confinement—Dr S. B Langworthy..... 419
Peri rectal Abscesses—Dr. J. Poindexter..... 379
Perpendicular Position, Symptoms that may be Attributed to—Dr. H N. Moses 392
Pitts, Dr. E. P.—Trachoma.. 523
Pneumonia, Treatment of—Dr D. W. Humfreville.... 527
Poindexter, Dr. J. M.—Peri rectal Abscess..... 379

PAGE.

Poindexter, Dr. J. M.—Diagnosis and Treatment of Fistula in Ano 188
President's Address—Dr. W. E. McVey 367
Preston, Dr. J. F.—Chemical Examination of the Urine. 315, 347
Provincialism 167
Pterygium, McReynold's Operation for—Dr. G. A. Hamman 285
Pulmonary Diseases, Climatic Treatment of—Dr. J. N. Hall 340

R

Radical Operations for Hernia—Dr. Hal. C Wyman .. 388
Rapid Histological Methods —Prof. C. E. McClung 172
Reorganization in Iowa 555
Republic County Society Report 180
Retrospective View of Treatment of Pneumonia—Dr D. W. Humfreville 527
Rice County Society Report 304
Riddell, Dr J. D, Intestinal Union by Aid of Hollow Candle 529
Roberts, Dr. A. J.—Portrait. 314

S

Salicylic Acid—J. T. Curtiss 549
Saunders, Dr N J —An Unusual Effect from the Irritation of the Ulnar Nerve. 244
Sayre, Prof. L. E.—What is Insanity in Lower Animals 222, 241, 273
Scarlatina, The Conventional Quarantine of—Dr H. L. Chambers 289
Schenck, Dr. W. L.—Evolution 477, 497
Second District Society Reports 249, 461
Septic Infection—Dr H. J. Stacey 182
Sex Determination—Prof C. E. McClung 231
Shelley, Dr. E. T.—The Expectant Mother 470
Shelley, Dr. E T —World's Fair Notes 395
Shoyer, Dr. Mayer—Syphilis 224, 234
Simmons, Dr. C. J.—Pelvic Suppurations 541
Smith County Society Reports 171, 333
Southeastern Society Reports 197
Southwest District Report ... 398
South Kansas Society Report 520
Specialist and the General Practitioner 168
Stacey, Dr. H J —Septic Infection 182
State Board Meeting 427
Standards of Medical Education 448, 484
Stewart, Dr. J P —The Degeneracy of Therapeutics .. 282
Syphilis—Dr. Mayer Shoyer. 224, 234
Syphilis, Treatment of the Chancrous Stage of—Dr. Hugh Wilkinson 237

T

Therapeutics, The Degeneracy of—Dr J. P. Stewart ... 282
Third District Society Reports (Mitchell Co) 202. 264, 272, 447. 465
Topeka Meeting, Annual 306, 353
Topographical Anatomy of the Human Head—Marie A Greene 428
Trachoma—Dr. E. P Pitts ... 523
Tuberculosis, Influence of Valvular Lesions Upon—Dr. R C. Fear 536
Tucker, Dr W V.—A Unique Case of Diphtheria in which Anti-Toxin Was Used on the Eighth Day With Excellent Results 252

U

Ulnar Nerve, An Unusual Effect from the Irritation of the—Dr. N. J. Saunders 244
Urine, Chemical Examination of the—Dr. J. F. Preston 315, 347

W

Welsh. Dr. H G —Gall-Bladder Pathology 408
Wilkinson, Dr Hugh—Treatment of the Chancrous Stage of Syphilis 237
Wilkinson, Dr Hugh—Bullet Wounds in Civil Practice .. 400
Wilson County Report 462
Woodin, John G.—The Effect of the Flood of 1903 on the Health of the Kaw Valley. 296
World's Fair Notes—Dr. E.T. Shelley 395
Wright, Dr. J. J —Obituary .. 458
Wyandotte County Reports .. 201
Wyman, Dr. Hal C.—Radical Operations for Hernia .. 388

Kansas Medical College.

Medical Department of Washburn College.

NORMAN PLASS, PRESIDENT.
H. L. ALKIRE, M. D., DEAN.
R. S. MAGEE, M. D., SECRETARY.

New Term Begins Wednesday, September 14, 1904.

Course of Medical Study graded through four sessions of seven months in each year Laboratory facilities modern and complete Excellent clinical instruction. The teaching facilities and hospital advantages are unsurpassed.

PAPINE IS THE PAIN-RELIEVING PRINCIPLE OF OPIUM. ONE CAN DISPENSE WITH OPIUM THE NARCOTIC; ONE CANNOT DISPENSE WITH OPIUM THE PAIN-RELIEVER. PAPINE PRODUCES NO TISSUE CHANGES, NO CEREBRAL EXCITEMENT, NO INTERFERENCE WITH DIGESTION.

Sample (12 oz.) Bottle Ecthol Sent Free on Receipt of 25 Cts. to Prepay Express.

FORMULA:--One fluid drachm is equal in anodyne power to 1-8 gr. Morphine.

BROMIDIA
ECTHOL
IODIA

BATTLE & CO., CHEMISTS CORPORATION. ST. LOUIS, MO., U. S. A.

CREIGHTON MEDICAL COLLEGE,

Cor. 14th & Davenport Sts., Omaha, Neb.

The eleventh annual course of study in this institution will begin Wednesday, Sept. 21, 1904. The course in this college consists of four terms of seven and one-half months each. The first two years are devoted to the study of the so-called scientific branches included in a medical course. For this purpose, the new college building is furnished with lecture rooms and laboratories equipped with the latest and best paraphernalia for teaching, demonstrating and for individual work in these branches. The third and fourth years are given up to the study of what might be termed the practical part of the medical course. Here, the instruction is carried on by means of Clinics and Clinical lectures. The student is brought in contact and becomes familiar with the different phases of all the diseases he reads about. For this purpose the clinical material in St. Joseph and St. Bernard hospitals, the two largest hospitals in the west, is reserved for the exclusive benefit of students attending this school.

All buildings, both college and hospitals, are new and modern and the equipment the best that money can buy. In addition to the regular term of seven and one-half months, a spring course of two months in first and second year work will be continued from close of winter term to last of June. For further information address

D. C. BRYANT, M. D., Sec. Creighton Medical College,
No. 203 McCague Building, Omaha, Nebraska.

J. S. WEVER, M. D.,

EYE—EAR—NOSE—THROAT

404 Bryant Building, :: :: :: KANSAS CITY, MO.

INDEPENDENT AND BELL LONG DISTANCE PHONES NO. 411.

J. C. McCLINTOCK,

SURGEON.

1313 Filmore Street . . . . . TOPEKA, KANSAS.

J. N. SCOTT, M. D.

Practice limited to

X-RAY—AND ELECTRO-THERAPEUTICS. SPECIAL ATTENTION GIVEN TO THE TREATMENT OF MALIGNANT GROWTHS, PESUDO-LEUKEMIA LUPUS, ETC., BY THE X-RAY AND ULTRA-VIOLET LIGHT.

TELEPHONE 2030 MAIN. 212-14-15-16 RIDGE BLDG. KANSAS CITY, MO.

DOSE
One to three teaspoonfuls, according to the amount of Bromides required

THE BEST RESULTS
Are assured in Bromide treatment when you specify

FORMULA
Each fluid drachm represents 15 grains of the combined C. P. Bromides of Potassium, Sodium, Calcium, Ammonium and Lithium

PEACOCK'S BROMIDES

AND THE GENUINE IS DISPENSED

Half-pound bottles only

For Physicians' Prescriptions

Neurologists and General Practitioners prefer it because of its superior qualities over the commercial salts.

For clinical trial we will send full size bottle of either or both preparations to any physician who will pay exp. charges

Hepatic Stimulation **Without Catharsis**

CHIONIA

DOSE
One to two teaspoonfuls three times a day

Re-establishes portal circulation without producing congestion
Invaluable in all ailments due to hepatic torpor

PEACOCK CHEMICAL CO., ST. LOUIS, MO., U. S. A.

FORMULA
Prepared from Chionanthus Virginica, from which the inert and nauseating features of the drug have been eliminated

SENG

A Palatable Preparation of PANAX SCHINSENG in an Aromatic Essence

It promotes Normal Digestion by encouraging the flow of Digestive Fluids
It is the Modern and Most Successful Treatment for
INDIGESTION

A full size bottle, for trial, to physicians who will pay express charges

DOSE: One to two teaspoonfuls three times a day

CACTINA PILLETS

Has Many Advantages Over Other Heart Stimulants

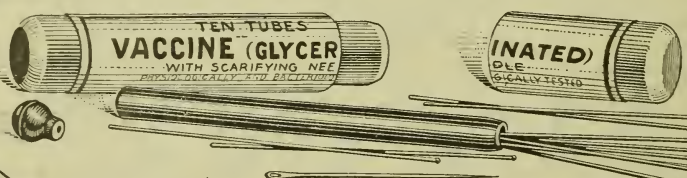
IT HAS NO CUMULATIVE ACTION, AND IS ABSOLUTELY SAFE AND RELIABLE

Each pillet represents one one-hundredth of a grain CACTINA, the active proximate principle of CEREUS GRANDIFLORA

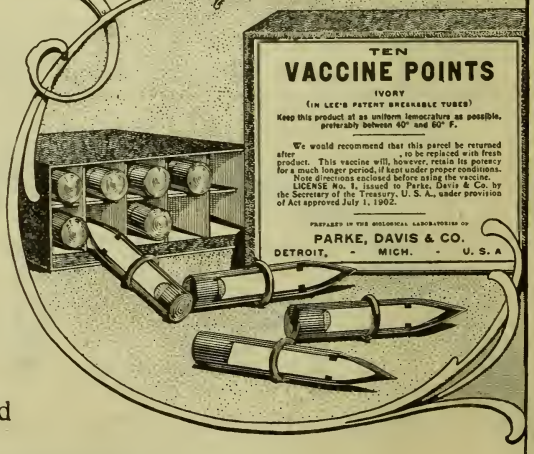
DOSE: One to four pillets three times a day
Samples mailed to physicians only

SULTAN DRUG COMPANY
St. Louis, Mo.

VACCINE
(GLYCERINATED)
BACTERIOLOGICALLY & PHYSIOLOGICALLY TESTED



THE scrupulous care which we give to the preparation of our Vaccine, and the rigid bacteriologic and physiologic tests to which we subject every parcel of it, are positive guaranties of its purity and activity.



TUBES AND POINTS.

Capillary Glass Tubes, hermetically sealed, boxes of 10 tubes and 3 tubes.
Ivory Points, each in a Lee's breakable glass case, hermetically sealed, boxes of 10.

Specify "P., D. & Co." when ordering.

PARKE, DAVIS & COMPANY

LABORATORIES: DETROIT, MICH.; WALKERVILLE, ONT.; HOUNSLOW, ENG.

BRANCHES: NEW YORK, CHICAGO, ST. LOUIS, BOSTON, BALTIMORE, NEW ORLEANS, KANSAS CITY, INDIANAPOLIS, MINNEAPOLIS, MEMPHIS; LONDON, ENG.; MONTREAL, QUE.; SYDNEY, N.S.W.; ST. PETERSBURG, RUSSIA; SIMLA, INDIA; TOKIO, JAPAN.

41A607

J. HOLZER, BINDER BOSTON MASS.